

FISCAL YEAR 2027

MARK UP

HOUSE BILL 2011

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MO HEALTHNET

(Book 6 of 6)

103rd General Assembly

Second Regular Session

Prepared by Senate Appropriations staff

DEPARTMENT OF SOCIAL SERVICES
Section 11.600 – MO HealthNet Division – Administration

Book 6, Page 1215

Description: The MO HealthNet Administration provides funding for the salaries and associated expenses and equipment for the Central Office management and support staff. Funding from this appropriation is also used to support ongoing expenses and equipment costs. MO HealthNet Division staff assist participants and providers.

Legal Base: State Statute: Section 208.201, RSMo.; Federal Law: Social Security Act Section 1902(a) (4); Federal Regulation: 42 CFR, Part 432
Funding Sources: General Revenue (1101), FMAP Enhancement-Expansion Fund (2466), Department of Social Services Federal Fund (1610), Pharmacy Rebates Fund (1114), Federal Reimbursement Allowance Fund (1142), Pharmacy Reimbursement Allowance Fund (1144), Health Initiatives Fund (1275), Nursing Facility Quality of Care Fund (1271), Third-Party Liability Collections Fund (1120), Life Sciences Research Trust Fund (1763), MO Rx Plan Fund (1779), Ambulance Service Reimbursement Allowance Fund (1958), and Ground Emergency Medical Transportation Fund (1422)
FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$1,000,000) (GR \$500,000 and FED \$500,000 E&E) reduction of FY 2026 one-time funding – Diagnosis-Related Groups NDI
Core reduction: (\$477,189) & (8.75) FTE FED PS reduction of FMAP Enhancement-Expansion Fund (2466) due to funding no longer being available (ended 6/30/2023) – see New Decision Item
Core reduction: (\$1,286,088) FED E&E reduction of FMAP Enhancement-Expansion Fund (2466) due to funding no longer being available (ended 6/30/2023) – see New Decision Item

GOVERNOR:

Core reduction: (\$1,662,210) (GR \$286,885 and FED \$1,375,325 E&E) reduction of estimated lapse
Core reduction: (\$250,000) GR E&E reduction of EMT Patient Safety Contract payments – eliminates funding for this program

HOUSE:

Core reduction: (\$3,000) OTH E&E reduction of excess authority to align with the 2026 tobacco settlement arbitration ruling

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.600												
Mo Healthnet Admin - 830187B												
Core												
General Revenue	10,579,281	62.90	9,975,018	60.18	10,761,420	62.90	10,261,420	62.90	9,724,535	62.90	9,724,535	62.90
Personal Services	4,324,812	62.90	4,002,075	60.18	4,558,319	62.90	4,558,319	62.90	4,558,319	62.90	4,558,319	62.90
Expense & Equipment	6,254,469	0.00	5,969,688	0.00	6,203,101	0.00	5,703,101	0.00	5,166,216	0.00	5,166,216	0.00
Program-Specific	0	0.00	3,255	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Federal Funds	20,377,085	131.19	18,063,444	132.84	20,934,264	131.19	18,670,987	122.44	17,295,662	122.44	17,295,662	122.44
Personal Services	8,901,950	131.19	8,811,323	132.84	9,460,534	131.19	8,983,345	122.44	8,983,345	122.44	8,983,345	122.44
Expense & Equipment	11,475,135	0.00	9,252,007	0.00	11,473,730	0.00	9,687,642	0.00	8,312,317	0.00	8,312,317	0.00
Program-Specific	0	0.00	114	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Other Funds	3,745,228	45.61	2,444,290	26.49	3,843,852	45.61	3,843,852	45.61	3,843,852	45.61	3,840,852	45.61
Personal Services	2,360,066	45.61	1,776,127	26.49	2,458,690	45.61	2,458,690	45.61	2,458,690	45.61	2,458,690	45.61
Expense & Equipment	1,385,162	0.00	673,064	0.00	1,385,162	0.00	1,385,162	0.00	1,385,162	0.00	1,382,162	0.00
Program-Specific	0	0.00	-4,901	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total	\$34,701,594	239.70	\$30,482,752	219.51	\$35,539,536	239.70	\$32,776,259	230.95	\$30,864,049	230.95	\$30,861,049	230.95
GR Pick Up for FMAP Fund - NOP.83B.003												
General Revenue	0	0.00	0	0.00	0	0.00	1,763,277	8.75	1,763,277	8.75	1,763,277	8.75
Personal Services	0	0.00	0	0.00	0	0.00	477,189	8.75	477,189	8.75	477,189	8.75
Expense & Equipment	0	0.00	0	0.00	0	0.00	1,286,088	0.00	1,286,088	0.00	1,286,088	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$1,763,277	8.75	\$1,763,277	8.75	\$1,763,277	8.75
In SFY 2022, the General Assembly appropriated on-going funds from the Enhanced FMAP Expansion Fund (2466). The Enhanced FMAP Expansion fund was created as a result of the enhanced 5% earnings due to a temporary increase in the Federal Medical Assistance Percentage (FMAP). Earning receipts to Fund 2466 ended on 9/30/2023. Beginning in SFY 2027, General Revenue funding is needed as an on-going appropriation in order for the Department to continue to provide essential functions. This includes IM call center functions and the Medicaid payroll.												
HR 1 Implementation CTC - NOP.83B.034												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	5,500,000	0.00	5,500,000	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	5,500,000	0.00	5,500,000	0.00
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	5,500,000	0.00	5,500,000	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	5,500,000	0.00	5,500,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$11,000,000	0.00	\$11,000,000	0.00
HR 1 was signed into law on July 4, 2025. The Department of Social Service (DSS) has completed an analysis of the bill to determine the impacts to the department and changes to programs administered by DSS. However, the final impacts will not be fully known until the applicable Federal Department that regulates each program affected by the Act promulgates rules. The funding needed currently is for income maintenance eligibility system updates and additional resources to implement the provisions of this legislation. Additional budgetary changes will be requested as needed based on additional guidance received. The next sections will identify by bill section a brief description of the change and the necessary resources to implement the change.												

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
MHD Admin AFRA Increase - NOP.GV.099												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	250,000	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	250,000	0.00	0	0.00
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	250,000	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	250,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$250,000	0.00	\$250,000	0.00
Additional authority for the Ambulance Service Reimbursement Allowance (AFRA) Fund to support MO HealthNet Administration costs previously funded with general revenue (GR).												
MMIS Additional Staffing - NOP.GV.102												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	90,364	2.40	0	0.00
Personal Services	0	0.00	0	0.00	0	0.00	0	0.00	79,984	2.40	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	10,380	0.00	0	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	491,045	5.60	0	0.00
Personal Services	0	0.00	0	0.00	0	0.00	0	0.00	466,825	5.60	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	24,220	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$581,409	8.00	\$0	0.00
Additional staff are requested to begin work on the re-procurement of the MMIS Core Claims, Prior Authorization, Interoperability, Enrollment Broker, EVV, and Provider Enrollment modules. These re-procurements will take several years and subject matter experts from across the Division will be required to assist in the process. It is estimated that the MO HealthNet Division (MHD) will need twenty-two FTE for these re-procurement efforts, broken out over three years. This NDI request is for the first year (SFY 2027), which comprises eight FTE: one Data/Research Analyst, one Program Coordinator, two Program Specialists, one Project Manager, one Senior Program Specialist, one Systems Security Specialist (SAP), and one Benefit Program Senior Specialist. Year two (SFY 2028) would comprise six FTE, while year three (SFY 2029) would comprise eight FTE.												
These individuals will assist the current divisional staff in fulfilling their duties while also allowing the current staff to serve as Subject Matter Experts, leveraging their years of experience and program expertise, when designing, developing, implementing, and operating the new modules.												
These additional FTE will allow the MHD to truly build a best-in-class, modern, modular collection of MMIS solutions that can serve the Missouri Medicaid Enterprise (MME) for years to come, while aligning with federal priorities and minimizing risk to the daily program operations. As the MME aligns to a modular future, these staff will support the ongoing vendor maintenance and monitor compliance to ensure a high level of performance that will serve the MME throughout the contractual periods.												
EMS Patient Care Technology - NOP.HS.103												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	500,000	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	500,000	0.00
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	500,000	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	500,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$1,000,000	0.00
Total - Mo Healthnet Admin	\$34,701,594	239.70	\$30,482,752	219.51	\$35,539,536	239.70	\$34,539,536	239.70	\$44,458,735	247.70	\$44,874,326	239.70

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.605 – MO HealthNet Division – Pharmacy and Clinical Services Program Management

Book 6, Page 1229

Description: This section provides funding for the contractor costs that support the pharmacy and clinical services programs. Funding is used for cost containment initiatives and clinical policy decision-making to enhance efforts to provide appropriate and quality medical care to participants. The MO HealthNet Division (MHD) seeks to aid recipients and providers in their efforts to access the MO HealthNet program by utilizing contractor resources effectively.

Legal Base: State Statute: Section 208.201, RSMo.; Federal Law: Social Security Act Section 1902(a) (4).; Federal Regulation: 42 CFR, Part 432

Funding Sources: General Revenue (1101), Department of Social Services Federal Fund (1610), Third Party Liability Collections Fund (1120), MO Rx Plan Fund (1779), and Pharmacy Rebates Fund (1114)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$10,011,726) (GR \$11,726 and FED \$10,000,000 E&E) reduction of estimated lapse

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.605												
Clinical Srvc Mgmt - 830188B												
Core												
General Revenue	461,917	0.00	436,333	0.00	461,917	0.00	461,917	0.00	450,191	0.00	450,191	0.00
Expense & Equipment	461,917	0.00	436,333	0.00	461,917	0.00	461,917	0.00	450,191	0.00	450,191	0.00
Federal Funds	12,214,032	0.00	2,073,389	0.00	12,214,032	0.00	12,214,032	0.00	2,214,032	0.00	2,214,032	0.00
Expense & Equipment	12,214,032	0.00	2,070,134	0.00	12,214,032	0.00	12,214,032	0.00	2,214,032	0.00	2,214,032	0.00
Program-Specific	0	0.00	3,255	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Other Funds	1,485,506	0.00	856,817	0.00	1,485,506	0.00	1,485,506	0.00	1,485,506	0.00	1,485,506	0.00
Expense & Equipment	1,485,506	0.00	856,817	0.00	1,485,506	0.00	1,485,506	0.00	1,485,506	0.00	1,485,506	0.00
Total	\$14,161,455	0.00	\$3,366,539	0.00	\$14,161,455	0.00	\$14,161,455	0.00	\$4,149,729	0.00	\$4,149,729	0.00
Total - Clinical Srvc Mgmt	\$14,161,455	0.00	\$3,366,539	0.00	\$14,161,455	0.00	\$14,161,455	0.00	\$4,149,729	0.00	\$4,149,729	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.610 – MO HealthNet Division – MHD Transformation

Book 6, Page 1234

Description: The MHD Transformation program is a set of initiatives that the MO HealthNet Division (MHD) is implementing to transform Medicaid. Missouri's Medicaid program is an important safety net for Missouri's most vulnerable populations, providing health care and support for nearly one million Missourians. The initiatives are wide-ranging, including operational improvements to bring the program up to date with common practices among other state Medicaid programs, as well as best practices and more transformational changes.

Legal Base: HB 11
Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)
FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$90,118) GR E&E reduction of FY 2026 one-time funding – MHD Transformation-Medicare Enrollment Team NDI
Core reduction: (\$175,000) GR PS reduction of GR appropriations associated with the Transform Medicare Enrollment Team NDI – see New Decision Item
Core reduction: (\$31,139) GR E&E reduction of GR appropriations associated with the Transform Medicare Enrollment Team NDI – see New Decision Item

GOVERNOR:

Core reduction: (\$1,552,097) GR E&E reduction of estimated lapse

HOUSE:

Core reduction: (\$1,495,000) (GR \$149,500 and FED \$1,345,500 E&E) reduction to offset HB Section 11.610 – Health Data Domain NDI
Core reallocation: ±3.50 FTE PS reallocation within section from General Revenue (1101) to the DSS Federal Fund (1610) to reflect a 50/50 state/federal match rate

SENATE:

CONFERENCE:

Dept Of Social Services												
	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.610												
Mhd Transformation - 830189B												
Core												
General Revenue	3,388,828	3.00	1,735,066	1.91	3,905,077	10.00	3,608,820	10.00	2,056,723	10.00	1,907,223	6.50
Personal Services	258,370	3.00	245,985	1.91	622,214	10.00	447,214	10.00	447,214	10.00	447,214	6.50
Expense & Equipment	3,130,458	0.00	1,489,081	0.00	3,282,863	0.00	3,161,606	0.00	1,609,509	0.00	1,460,009	0.00
Federal Funds	7,637,688	3.00	1,747,097	2.01	7,654,043	3.00	7,654,043	3.00	7,654,043	3.00	6,308,543	6.50
Personal Services	258,370	3.00	258,016	2.01	274,717	3.00	274,717	3.00	274,717	3.00	274,717	6.50
Expense & Equipment	7,379,318	0.00	1,489,081	0.00	7,379,326	0.00	7,379,326	0.00	7,379,326	0.00	6,033,826	0.00
Total	\$11,026,516	6.00	\$3,482,163	3.92	\$11,559,120	13.00	\$11,262,863	13.00	\$9,710,766	13.00	\$8,215,766	13.00
Transform Medicare Enroll Team - NOP.83B.017												
Federal Funds	0	0.00	0	0.00	0	0.00	206,139	0.00	206,139	0.00	206,139	0.00
Personal Services	0	0.00	0	0.00	0	0.00	175,000	0.00	175,000	0.00	175,000	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	31,139	0.00	31,139	0.00	31,139	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$206,139	0.00	\$206,139	0.00	\$206,139	0.00
This NDI request would align appropriation authority with earnings. Currently, the Transformation Medicare Enrollment Team is appropriated 100% GR. In order to maximize Federal earnings, a core reduction will be entered for the General Revenue appropriation and additional Federal Authority is requested to utilize a 50/50 split.												
Total - Mhd Transformation	\$11,026,516	6.00	\$3,482,163	3.92	\$11,559,120	13.00	\$11,469,002	13.00	\$9,916,905	13.00	\$8,421,905	13.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.610 – MO HealthNet Division – Health Data Domain

Book 1, Page 63

Description: This program refers to the collection of data elements, definitions, policies, rules, and requirements in use at the 3 Health State agencies (DSS, DMH, DHSS) and OA-ITSD involved in health data collection, monitoring, analysis, management, and service delivery to Missourians. The Health Data Domain NDI is a critical and necessary assessment and infrastructure work that must be completed for DSS and other Health agencies in the State to effectively and successfully launch AI and automation tools.

Legal Base: HB 11

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: N/A

CORE ADJUSTMENTS:

DEPARTMENT:

New Subsection – recommended by the House

GOVERNOR:

New Subsection – recommended by the House

HOUSE:

New Decision Item: \$1,495,000 (GR \$149,500 and FED \$1,345,500 E&E) reallocation in from HB Section 11.020 – Health Data Domain

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.610												
Health Data Domain - 830462B												
DSS Health Data Domain - NOP.83B.033												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	149,500	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	149,500	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,345,500	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,345,500	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$1,495,000	0.00
Total - Health Data Domain	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$1,495,000	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.615 – MO HealthNet Division – Rural Health Transformation Program

Book 1, Page 15

Description: The Rural Health Transformation Program (RHTP) provides \$50 billion in grants to states to stabilize and strengthen rural healthcare providers. Missouri is estimated to receive approximately \$200 million in federal grant dollars annually for each of the next five years. Missouri received the actual award on December 29, 2025. This fund will be used to distribute grants to rural healthcare providers based on their qualifying criteria, as outlined in the State’s grant proposal, in coordination with Federal guidance.

Legal Base: Federal Law: H.R. 1 (the One Big Beautiful Bill Act), P.L. 119-21 Section 71401

Funding Sources: Rural Health Transformation Fund (1125)

FY 2026 GR W/H: N/A

CORE ADJUSTMENTS:

DEPARTMENT:

New Decision Item: \$200,000,000 FED PSD

GOVERNOR:

New Decision Item: \$1,080,992 & 13.46 FTE FED PS (Governor Amendment #2027-15)

New Decision Item: \$209,074 FED E&E (Governor Amendment #2027-15)

New Decision Item: \$214,986,752 FED PSD

HOUSE:

New Decision Item reallocated into various subsections

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.615												
Rural Health Transformation - 830456B												
HR 1 Implementation CTC - NOP.83B.034												
Federal Funds	0	0.00	0	0.00	0	0.00	200,000,000	0.00	216,276,818	13.46	0	0.00
Personal Services	0	0.00	0	0.00	0	0.00	0	0.00	1,080,992	13.46	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	209,074	0.00	0	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	200,000,000	0.00	214,986,752	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$200,000,000	0.00	\$216,276,818	13.46	\$0	0.00
Total - Rural Health Transformation	\$0	0.00	\$0	0.00	\$0	0.00	\$200,000,000	0.00	\$216,276,818	13.46	\$0	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.615 – MO HealthNet Division – Rural Health Transformation Program – Administration

Book 1, Page 15

Description: The Rural Health Transformation Program (RHTP) provides \$50 billion in grants to states to stabilize and strengthen rural healthcare providers. This fund will be used to distribute grants to rural healthcare providers based on their qualifying criteria, as outlined in the State's grant proposal, in coordination with Federal guidance. Missouri is estimated to receive approximately \$200 million in federal grant dollars annually for each of the next five years. This funding is for designated staff to monitor and administer RHTP.

Legal Base: Federal Law: H.R. 1 (the One Big Beautiful Bill Act), P.L. 119-21 Section 71401

Funding Sources: Rural Health Transformation Fund (1125)

FY 2026 GR W/H: N/A

CORE ADJUSTMENTS:

DEPARTMENT:

New Subsection – recommended by the House

GOVERNOR:

New Subsection – recommended by the House

HOUSE:

New Decision Item: \$1,080,992 & 13.46 FTE FED PS (Governor Amendment #2027-15)

New Decision Item: \$209,074 FED E&E (Governor Amendment #2027-15)

New Decision Item: \$15,000 FED PS

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.615												
RHTP Admin - 830472B												
HR 1 Implementation CTC - NOP.83B.034												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,305,066	13.46
Personal Services	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,095,992	13.46
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	209,074	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$1,305,066	13.46
Total - RHTP Admin	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$1,305,066	13.46

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.615 – MO HealthNet Division – Rural Health Transformation Program – RCNs and Local Community Hubs

Book 1, Page 15

Description: The Rural Health Transformation Program (RHTP) provides \$50 billion in grants to states to stabilize and strengthen rural healthcare providers. This fund will be used to distribute grants to rural healthcare providers based on their qualifying criteria, as outlined in the State’s grant proposal, in coordination with Federal guidance. Missouri is estimated to receive approximately \$200 million in federal grant dollars annually for each of the next five years. This initiative establishes approximately 30 Local Community Hubs (Hubs) and 7 Regional Coordinating Networks (RCNs) that serve as the foundation of Missouri’s rural health transformation. This funding supports the people, systems, and infrastructure needed to expand access to care, strengthen local coordination, and ensure consistent statewide performance.

Legal Base: Federal Law: H.R. 1 (the One Big Beautiful Bill Act), P.L. 119-21 Section 71401

Funding Sources: Rural Health Transformation Fund (1125)

FY 2026 GR W/H: N/A

CORE ADJUSTMENTS:

DEPARTMENT:

New Subsection – recommended by the House

GOVERNOR:

New Subsection – recommended by the House

HOUSE:

New Decision Item: \$46,200,267 FED PSD

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.615												
RHTP RCNs and Local Comm Hubs - 830473B												
HR 1 Implementation CTC - NOP.83B.034												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	46,200,267	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	46,200,267	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$46,200,267	0.00
Total - RHTP RCNs and Local Comm Hubs	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$46,200,267	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.615 – MO HealthNet Division – Rural Health Transformation Program – Alternative Payment Models and Shared-Savings Models

Book 1, Page 15

Description: The Rural Health Transformation Program (RHTP) provides \$50 billion in grants to states to stabilize and strengthen rural healthcare providers. This fund will be used to distribute grants to rural healthcare providers based on their qualifying criteria, as outlined in the State's grant proposal, in coordination with Federal guidance. Missouri is estimated to receive approximately \$200 million in federal grant dollars annually for each of the next five years. This funding supports the design and implementation of alternative payment models and shared-savings models for rural providers.

Legal Base: Federal Law: H.R. 1 (the One Big Beautiful Bill Act), P.L. 119-21 Section 71401

Funding Sources: Rural Health Transformation Fund (1125)

FY 2026 GR W/H: N/A

CORE ADJUSTMENTS:

DEPARTMENT:

New Subsection – recommended by the House

GOVERNOR:

New Subsection – recommended by the House

HOUSE:

New Decision Item: \$22,520,316 FED PSD

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.615												
RHTP Alternative Payment Models - 830474B												
HR 1 Implementation CTC - NOP.83B.034												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	22,520,316	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	22,520,316	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$22,520,316	0.00
Total - RHTP Alternative Payment Models	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$22,520,316	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.615 – MO HealthNet Division – Rural Health Transformation Program – Digital Backbone

Book 1, Page 15

Description: The Rural Health Transformation Program (RHTP) provides \$50 billion in grants to states to stabilize and strengthen rural healthcare providers. This fund will be used to distribute grants to rural healthcare providers based on their qualifying criteria, as outlined in the State’s grant proposal, in coordination with Federal guidance. Missouri is estimated to receive approximately \$200 million in federal grant dollars annually for each of the next five years. This funding creates statewide interoperability connecting hospitals, Emergency Medical Services (EMS), Licensed Practitioners of the Healing Arts (LPHAs), pharmacies, and community-based organizations. The funds will cover Electronic Health Record (EHR) upgrades, Health Level Seven International (HL7) Fast Healthcare Interoperability Resources (FHIR) interfaces, cloud data infrastructure, cybersecurity, and analytics dashboards. This investment ensures every Hub can exchange and analyze data in real time, close referral loops, and measure outcomes for value-based care. After FY29, maintenance and analytics functions transition to a subscription-based Rural Health Data Trust.

Legal Base: Federal Law: H.R. 1 (the One Big Beautiful Bill Act), P.L. 119-21 Section 71401

Funding Sources: Rural Health Transformation Fund (1125)

FY 2026 GR W/H: N/A

CORE ADJUSTMENTS:

DEPARTMENT:

New Subsection – recommended by the House

GOVERNOR:

New Subsection – recommended by the House

HOUSE:

New Decision Item: \$62,494,555 FED PSD

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.615												
RHTP Digital Backbone - 830475B												
HR 1 Implementation CTC - NOP.83B.034												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	62,494,555	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	62,494,555	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$62,494,555	0.00
Total - RHTP Digital Backbone	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$62,494,555	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.615 – MO HealthNet Division – Rural Health Transformation Program – Rural Health Workforce Programs

Book 1, Page 15

Description: The Rural Health Transformation Program (RHTP) provides \$50 billion in grants to states to stabilize and strengthen rural healthcare providers. This fund will be used to distribute grants to rural healthcare providers based on their qualifying criteria, as outlined in the State’s grant proposal, in coordination with Federal guidance. Missouri is estimated to receive approximately \$200 million in federal grant dollars annually for each of the next five years. This funding will strengthen Missouri’s rural pipeline for clinicians and allied professionals. This investment will expand high-school and community-college Career and Technical Education (CTE) and Associate of Applied Science (AAS) in healthcare programs, launch the state’s first Certified Nurse-Midwife (CNM) program, fund rural doula and perinatal home-visitor training, expand Emergency Medical Service (EMS) education and optimization planning, create access to behavioral health support for primary care clinicians and these efforts will train or support more than 4,000 new rural health workers across nursing EMS, behavioral health, and maternal-child health disciplines.

Legal Base: Federal Law: H.R. 1 (the One Big Beautiful Bill Act), P.L. 119-21 Section 71401

Funding Sources: Rural Health Transformation Fund (1125)

FY 2026 GR W/H: N/A

CORE ADJUSTMENTS:

DEPARTMENT:

New Subsection – recommended by the House

GOVERNOR:

New Subsection – recommended by the House

HOUSE:

New Decision Item: \$17,877,529 FED PSD

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.615												
RHTP Rural Health Workforce Programs - 830476B												
HR 1 Implementation CTC - NOP.83B.034												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	17,877,529	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	17,877,529	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$17,877,529	0.00
Total - RHTP Rural Health Workforce Programs	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$17,877,529	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.615 – MO HealthNet Division – Rural Health Transformation Program – Physician Nutritional Education

Book 1, Page 15

Description: The Rural Health Transformation Program (RHTP) provides \$50 billion in grants to states to stabilize and strengthen rural healthcare providers. This fund will be used to distribute grants to rural healthcare providers based on their qualifying criteria, as outlined in the State's grant proposal, in coordination with Federal guidance. Missouri is estimated to receive approximately \$200 million in federal grant dollars annually for each of the next five years. This funding is for nutrition Continuing Medical Education (CME) courses to meet the requirements in 20 CSR 2150-2.125.

Legal Base: State Regulation: 20 CSR 2150-2.125; Federal Law: H.R. 1 (the One Big Beautiful Bill Act), P.L. 119-21 Section 71401

Funding Sources: Rural Health Transformation Fund (1125)

FY 2026 GR W/H: N/A

CORE ADJUSTMENTS:

DEPARTMENT:

New Subsection – recommended by the House

GOVERNOR:

New Subsection – recommended by the House

HOUSE:

New Decision Item: \$1,000,000 FED PSD

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.615												
RHTP Physician Nutritional Education - 830477B												
HR 1 Implementation CTC - NOP.83B.034												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,000,000	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,000,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$1,000,000	0.00
Total - RHTP Physician Nutritional Education	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$1,000,000	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.615 – MO HealthNet Division – Rural Health Transformation Program – Provider Transformation

Book 1, Page 15

Description: The Rural Health Transformation Program (RHTP) provides \$50 billion in grants to states to stabilize and strengthen rural healthcare providers. This fund will be used to distribute grants to rural healthcare providers based on their qualifying criteria, as outlined in the State’s grant proposal, in coordination with Federal guidance. Missouri is estimated to receive approximately \$200 million in federal grant dollars annually for each of the next five years. This funding is for the operational innovation and strategic renovation to stabilize essential rural hospitals and clinics. Projects include safety and accessibility renovations, modernization of diagnostic and surgical units, installation of remote-patient-monitoring and ambient-AI technologies, and development of shared regional training and simulation centers.

Legal Base: Federal Law: H.R. 1 (the One Big Beautiful Bill Act), P.L. 119-21 Section 71401

Funding Sources: Rural Health Transformation Fund (1125)

FY 2026 GR W/H: N/A

CORE ADJUSTMENTS:

DEPARTMENT:

New Subsection – recommended by the House

GOVERNOR:

New Subsection – recommended by the House

HOUSE:

New Decision Item: \$64,879,085 FED PSD

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.615												
RHTP Provider Transformation - 830478B												
HR 1 Implementation CTC - NOP.83B.034												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	64,879,085	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	64,879,085	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$64,879,085	0.00
Total - RHTP Provider Transformation	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$64,879,085	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.620 – MO HealthNet Division – Data Management Office

Book 6, Page 1242

Description: The Data Management Office (DMO) is funded to emphasize the importance of accurate and timely data and analytics to support programmatic decision-making. The DMO provides data analytics, routine reports, and dashboards for MHD, the Department of Social Services (DSS), sister agencies, the Centers for Medicare & Medicaid Services (CMS), and various other stakeholders. The DMO is responsible for several federal reports required by CMS, including the Transformed Medicaid Statistical Information Systems (T-MSIS) reporting required to maintain federally enhanced funding for all the Missouri Medicaid Enterprise Solutions. The Data Governance program is also housed within the DMO.

Legal Base: HB 11

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$2,385) GR E&E reduction

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.620												
Mhd Data Management Office - 830360B												
Core												
General Revenue	235,614	4.10	144,439	2.02	237,320	4.10	237,320	4.10	234,935	4.10	234,935	4.10
Personal Services	218,298	4.10	137,265	2.02	225,394	4.10	225,394	4.10	225,394	4.10	225,394	4.10
Expense & Equipment	17,316	0.00	7,174	0.00	11,926	0.00	11,926	0.00	9,541	0.00	9,541	0.00
Federal Funds	476,232	5.90	176,933	2.43	477,109	5.90	477,109	5.90	477,109	5.90	477,109	5.90
Personal Services	441,858	5.90	169,747	2.43	453,477	5.90	453,477	5.90	453,477	5.90	453,477	5.90
Expense & Equipment	34,374	0.00	7,186	0.00	23,632	0.00	23,632	0.00	23,632	0.00	23,632	0.00
Total	\$711,846	10.00	\$321,372	4.45	\$714,429	10.00	\$714,429	10.00	\$712,044	10.00	\$712,044	10.00
Total - Mhd Data Management Office	\$711,846	10.00	\$321,372	4.45	\$714,429	10.00	\$714,429	10.00	\$712,044	10.00	\$712,044	10.00

DEPARTMENT OF SOCIAL SERVICES

Section 11.625 – MO HealthNet Division – Third Party Liability (TPL) Contracts

Book 6, Page 1247

Description: This item funds contracted third-party liability (TPL) recovery activities. TPL functions are performed by agency staff in the MO HealthNet Division TPL Unit and by a contractor. This core appropriation represents expense and equipment funding, which is used to make payments to the contractor who works with the agency on TPL recovery activities.

Legal Base: State Statute: Sections 198.090, 208.101, 208.153, 208.166, 208.215, 473.398, and 473.399, RSMo.; State Regulation: 13 CSR 70-4.120 and 13 CSR 0-1.010.; Federal Law: Social Security Act, Section 1902, 1930, 1906, 1912, and 1917.; Federal Regulation: 42 CFR 433 Subpart D

Funding Sources: Department of Social Services Federal Fund (1610) and Third-Party Liability Collections Fund (1120)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

No core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.625												
Tpl Contracts - 830190B												
Core												
Federal Funds	7,250,000	0.00	6,016,583	0.00	4,250,000	0.00	4,250,000	0.00	4,250,000	0.00	4,250,000	0.00
Expense & Equipment	7,250,000	0.00	6,016,583	0.00	4,250,000	0.00	4,250,000	0.00	4,250,000	0.00	4,250,000	0.00
Other Funds	7,250,000	0.00	6,016,583	0.00	4,250,000	0.00	4,250,000	0.00	4,250,000	0.00	4,250,000	0.00
Expense & Equipment	7,250,000	0.00	6,016,583	0.00	4,250,000	0.00	4,250,000	0.00	4,250,000	0.00	4,250,000	0.00
Total	\$14,500,000	0.00	\$12,033,167	0.00	\$8,500,000	0.00	\$8,500,000	0.00	\$8,500,000	0.00	\$8,500,000	0.00
MO HealthNet CTC - NOP.83B.030												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	7,950,000	0.00	7,950,000	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	7,950,000	0.00	7,950,000	0.00
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	7,950,000	0.00	7,950,000	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	7,950,000	0.00	7,950,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$15,900,000	0.00	\$15,900,000	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
Total - Tpl Contracts	\$14,500,000	0.00	\$12,033,167	0.00	\$8,500,000	0.00	\$8,500,000	0.00	\$24,400,000	0.00	\$24,400,000	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.629 – MO HealthNet Division – MMIS Procurement Staff

Book 6, Page 1225

Description: Additional staff is needed to begin work on the re-procurement of the Medicaid Management Information System (MMIS) Core Claims, Prior Authorization, Interoperability, Enrollment Broker, EVV, and Provider Enrollment modules. These individuals will assist the current divisional staff in fulfilling their duties while also allowing the current staff to serve as Subject Matter Experts, leveraging their years of experience and program expertise, when designing, developing, implementing, and operating the new modules. These re-procurements will take several years, and subject matter experts from across the Division will be required to assist in the process. It is estimated that the MO HealthNet Division (MHD) will need twenty-two FTE for these re-procurement efforts, broken out over three years. This NDI request is for the first year (SFY 2027), which comprises eight FTE: one Data/Research Analyst, one Program Coordinator, two Program Specialists, one Project Manager, one Senior Program Specialist, one Systems Security Specialist (SAP), and one Benefit Program Senior Specialist. Year two (SFY 2028) would comprise six FTE, while year three (SFY 2029) would comprise eight FTE.

Legal Base: HB 11

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: N/A

CORE ADJUSTMENTS:

DEPARTMENT:

New Section – recommended by the House

GOVERNOR:

New Section – recommended by the House

HOUSE:

New Decision Item:	\$546,809 & 8.00 FTE (GR \$79,984 & 2.40 FTE and FED \$466,825 & 5.60 FTE PS) reallocation in from HB Section 11.600 – MMIS Additional Staffing NDI
New Decision Item:	\$34,600 (GR \$10,380 and FED \$24,220 E&E) reallocation in from HB Section 11.600 – MMIS Additional Staffing NDI

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.629												
MMIS Reprocurement Staff - 830464B												
MMIS Additional Staffing - NOP.GV.102												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	90,364	2.40
Personal Services	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	79,984	2.40
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	10,380	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	491,045	5.60
Personal Services	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	466,825	5.60
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	24,220	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$581,409	8.00
Total - MMIS Reprocurement Staff	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$581,409	8.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.630 – MO HealthNet Division – Closed-Loop Social Service Referral Platform

Book 6, Page 1320

Description: This section provides funding for the acquisition of technology for a statewide closed-loop social service referral platform for addressing the social determinants of health. Social determinants of health include housing, food security, transportation, financial strain, interpersonal safety, and other factors that affect health and quality of life.

Legal Base: HB 11

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$2,000,000) (GR \$1,000,000 and FED \$1,000,000 E&E) reduction of FY 2026 one-time funding – Unite Missouri NDI

GOVERNOR:

Core reduction: (\$5,000,000) (GR \$2,500,000 and FED \$2,500,000 E&E) reduction – eliminates funding for the program

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.630												
Ss Tech For Health Outcomes - 830192B												
Core												
General Revenue	2,500,000	0.00	0	0.00	3,500,000	0.00	2,500,000	0.00	0	0.00	0	0.00
Expense & Equipment	2,500,000	0.00	0	0.00	3,500,000	0.00	2,500,000	0.00	0	0.00	0	0.00
Federal Funds	2,500,000	0.00	0	0.00	3,500,000	0.00	2,500,000	0.00	0	0.00	0	0.00
Expense & Equipment	2,500,000	0.00	0	0.00	3,500,000	0.00	2,500,000	0.00	0	0.00	0	0.00
Total	\$5,000,000	0.00	\$0	0.00	\$7,000,000	0.00	\$5,000,000	0.00	\$0	0.00	\$0	0.00
Total - Ss Tech For Health Outcomes	\$5,000,000	0.00	\$0	0.00	\$7,000,000	0.00	\$5,000,000	0.00	\$0	0.00	\$0	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.630 – MO HealthNet Divisions – Information Systems

Book 6, Page 1252

Description: This core request is for the continued funding of MO HealthNet's Information Systems. The Information Systems program area manages the Medicaid Management Information System (MMIS) and the contracts with the vendors that develop, operate, and maintain the system. The primary functions of the MMIS include claims and encounter processing, calculating provider payments, healthcare service provider management, drug rebate invoicing and collection, processing third-party liability, federal financial reporting, administrative workflow management, and reporting and analytics.

Legal Base: State Statute: Sections 208.166 and 208.201, RSMo.; Federal Law: Social Security Act Section 1902(a) (4), 1903(a) (3) and 1915(b).; Federal Regulation: 42 CFR 433(C) and 438; Children's Health Insurance Program State Plan Amendment

Funding Sources: General Revenue (1101), FMAP Enhancement-Expansion Fund (2466), Department of Social Services Federal Fund (1610), Health Initiatives Fund (1275), and Uncompensated Care Fund (1108)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$10,810,265) (GR \$2,710,265 and FED \$8,100,000 E&E) reduction of FY 2026 one-time funding – MMIS Enhancements NDI
Core reduction: (\$2,189,735) (GR \$189,735 and FED \$2,000,000 E&E) reduction of FY 2026 one-time funding – MMIS Interoperability Rule NDI
Core reduction: (\$9,000,000) (GR \$900,000 and FED \$8,100,000 E&E) reduction of FY 2026 one-time funding – MMIS Prior Authorization Solution NDI
Core reduction: (\$4,000,000) (GR \$2,000,000 and FED \$2,000,000 E&E) reduction of FY 2026 one-time funding – MMIS Security Risk Assessment NDI
Core reduction: (\$2,416,534) FED E&E reduction of FMAP Enhancement-Expansion Fund (2466) due to funding no longer being available (ended 6/30/2023)

GOVERNOR:

Core reduction: (\$24,551,457) (GR \$4,838,255 and FED \$19,713,202 E&E) reduction of estimated lapse

HOUSE:

Core restoration: \$475,927 GR E&E – reversed part of the Governor’s change
Core reallocation: (\$68,465,034) (GR \$18,920,852 and FED \$49,544,182 E&E) reallocation within section to the Fiscal Agent and Core Claims Solution Contract – reallocates funding to a new subsection
Core reallocation: (\$6,390,023) (GR \$1,457,912 and FED \$4,932,111 E&E) reallocation within section to the EVV Aggregator Solution (EAS) Contract – reallocates funding to a new subsection

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.630												
Information Systems - 830191B												
Core												
General Revenue	24,430,879	0.00	18,859,698	0.00	30,541,092	0.00	24,741,092	0.00	19,902,837	0.00	0	0.00
Expense & Equipment	24,430,879	0.00	18,859,698	0.00	30,541,092	0.00	24,741,092	0.00	19,902,837	0.00	0	0.00
Federal Funds	67,653,259	0.00	46,807,607	0.00	96,806,029	0.00	74,189,495	0.00	54,476,293	0.00	0	0.00
Expense & Equipment	67,653,259	0.00	46,807,607	0.00	96,806,029	0.00	74,189,495	0.00	54,476,293	0.00	0	0.00
Other Funds	2,021,687	0.00	1,973,936	0.00	2,021,687	0.00	2,021,687	0.00	2,021,687	0.00	2,021,687	0.00
Expense & Equipment	2,021,687	0.00	1,973,936	0.00	2,021,687	0.00	2,021,687	0.00	2,021,687	0.00	2,021,687	0.00
Total	\$94,105,825	0.00	\$67,641,241	0.00	\$129,368,808	0.00	\$100,952,274	0.00	\$76,400,817	0.00	\$2,021,687	0.00
GR Pick Up for FMAP Fund - NOP.83B.003												
General Revenue	0	0.00	0	0.00	0	0.00	2,416,534	0.00	2,416,534	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	2,416,534	0.00	2,416,534	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$2,416,534	0.00	\$2,416,534	0.00	\$0	0.00
In SFY 2022, the General Assembly appropriated on-going funds from the Enhanced FMAP Expansion Fund (2466). The Enhanced FMAP Expansion fund was created as a result of the enhanced 5% earnings due to a temporary increase in the Federal Medical Assistance Percentage (FMAP). Earning receipts to Fund 2466 ended on 9/30/2023. Beginning in SFY 2027, General Revenue funding is needed as an on-going appropriation in order for the Department to continue to provide essential functions. This includes IM call center functions and the Medicaid payroll.												
MMIS Core Claims Solution - NOP.83B.019												
General Revenue	0	0.00	0	0.00	0	0.00	6,743,861	0.00	3,125,000	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	6,743,861	0.00	3,125,000	0.00	0	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	60,694,748	0.00	28,125,000	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	60,694,748	0.00	28,125,000	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$67,438,609	0.00	\$31,250,000	0.00	\$0	0.00
The current MMIS Fiscal Agent contract has been in place with Infocrossing LLC since 2007 and has been extended through single-feasible source procurements through SFY 2028 with optional renewals through 2030. This is the largest remaining system to be replaced by a modern, modular solution and is the cornerstone of the MMIS Modernization journey that MHD has been on for several years.												
MMIS Operational Cost - NOP.83B.020												
General Revenue	0	0.00	0	0.00	0	0.00	3,437,833	0.00	3,437,833	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	3,437,833	0.00	3,437,833	0.00	0	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	11,557,806	0.00	11,557,806	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	11,557,806	0.00	11,557,806	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$14,995,639	0.00	\$14,995,639	0.00	\$0	0.00
This NDI is needed to fund increased costs related to the contract extension for the Medicaid Management Information System (MMIS)/Fiscal Agent contract with Infocrossing; the contract extension for the Clinical Management Services and Pharmacy Claims and Prior Authorization (CMSP) contract with Conduent; operational costs under the Business Intelligence Solution - Enterprise Data Warehouse (BIS-EDW) contract with IBM; operational costs under the Beneficiary Support and Premium Collections Solution and Services (BSPC) contract with Automated Health Systems, Inc (AHS); and operational costs under the Electronic Visit Verification (EVV) Aggregator Solution (EAS) contract with Sandata Technologies (aka HHA Exchange).												
MMIS Interoperability Rule - NOP.83B.021												

*Does not include Supplementals.

Dept Of Social Services												
	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
General Revenue	0	0.00	0	0.00	0	0.00	400,000	0.00	189,735	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	400,000	0.00	189,735	0.00	0	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	3,600,000	0.00	2,000,000	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	3,600,000	0.00	2,000,000	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$4,000,000	0.00	\$2,189,735	0.00	\$0	0.00

The Centers for Medicare & Medicaid Services (CMS) released the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) on January 17, 2024. This final rule emphasizes the need to improve health information exchange to achieve appropriate and necessary access to health records for patients, health care providers, and payers. This final rule also focuses on efforts to improve prior authorization processes through policies and technology to help ensure that patients remain at the center of their own care. The rule enhances certain policies from the CMS Interoperability and Patient Access Final Rule (CMS-9115-F) and adds several new provisions to increase data sharing and reduce overall payer, health care provider, and patient burden through improvements to prior authorization practices and data exchange practices.

Impacted payers are required to implement certain provisions by January 1, 2026. However, in response to stakeholder comments on the proposed rule, impacted payers primarily have until January 1, 2027, to meet the application programming interface (API) requirements in this final rule.

MMIS Security Assessment - NOP.83B.022

General Revenue	0	0.00	0	0.00	0	0.00	500,000	0.00	125,000	0.00	125,000	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	500,000	0.00	125,000	0.00	125,000	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	1,500,000	0.00	375,000	0.00	375,000	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	1,500,000	0.00	375,000	0.00	375,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$2,000,000	0.00	\$500,000	0.00	\$500,000	0.00

This project will involve contracting for security risk assessments of the Medicaid Management Information System (MMIS), Clinical Management System for Pharmacy (CMSP), Business Intelligence Solution – Enterprise Data Warehouse (BIS-EDW), Electronic Visit Verification (EVV) Aggregator Solution (EAS), Beneficiary Support and Premium Collections (BSPC) Solution, Program Integrity (PI) Solution, and the Alivia PI Solution. With the increasing attempts to compromise public systems and access personal information for use in identity theft or fraud and abuse, MO HealthNet considers it prudent to utilize independent contractors to conduct periodic security risk assessments on the health care data systems. Upon completion of the assessment, the Security Risk Assessment vendor will engage the MME Solution vendors and state staff to mitigate the risks identified in the reports.

The last contract vehicle used for the Security Risk Assessment (SRA) expires December 31, 2025, and is in the process of being re-procured. With the re-procurement occurring, MHD is utilizing a different contract vehicle to ensure the SRA is completed as expeditiously as possible, starting in SFY 2026.

Section 95.621(f) of the Social Security Act requires periodic reviews of state-automated data processing solutions of the security plans and requirements consistent with recognized industry standards. It also requires security risk assessments of state systems when new systems are implemented or when significant system changes occur to existing systems.

Federal Authorization: 45 CFR Part 160 and Part 164, Subparts A and C.

MMIS Enrollment Broker - NOP.83B.023

General Revenue	0	0.00	0	0.00	0	0.00	1,796,319	0.00	1,796,319	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	1,796,319	0.00	1,796,319	0.00	0	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	4,548,899	0.00	4,548,899	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	4,548,899	0.00	4,548,899	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$6,345,218	0.00	\$6,345,218	0.00	\$0	0.00

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
The current Beneficiary Support and Premium Collection (BSPC) Solution and Services contract is approaching the end of the base contract period, which was originally planned for five years. In continuing to align with the MMIS Modernization efforts and CMS guidance regarding modernizing and modularizing state systems, MHD has begun preparation to procure a new Enrollment Broker Solution.												
MHD anticipates releasing a Request For Proposal (RFP) to solicit bids for a new Enrollment Broker Solution prior to the end of the current contract; however, the current BSPC solution will need to continue operating while implementing the new Enrollment Broker Solution. Current timelines estimate the implementation of a new Enrollment Broker Solution beginning in SFY 2027.												
MMIS Prior Auth Solution - NOP.83B.024												
General Revenue	0	0.00	0	0.00	0	0.00	900,000	0.00	900,000	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	900,000	0.00	900,000	0.00	0	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	8,100,000	0.00	8,100,000	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	8,100,000	0.00	8,100,000	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$9,000,000	0.00	\$9,000,000	0.00	\$0	0.00
MHD has been on a journey to modernize and modularize its aging MMIS solution. One of the new solutions is the Prior Authorization Solution, which will replace a portion of the Clinical Management Services, Pharmacy, and Prior Authorization System (CMSP) contract. The Prior Authorization Solution will be competitively procured to allow for the electronic submission of medical, non-drug Prior Authorizations for MO HealthNet participants.												
MHD will pursue enhanced federal funding to support the design, development, implementation, and operations of a Prior Authorization Solution from CMS through Advanced Planning Documents. The Solution will allow MHD to align with CMS initiatives to modernize State MMIS Solutions and also prepare the state to meet and align with federal interoperability mandates.												
MMIS Transition Services - NOP.83B.025												
General Revenue	0	0.00	0	0.00	0	0.00	2,442,192	0.00	2,442,192	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	2,442,192	0.00	2,442,192	0.00	0	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	21,979,722	0.00	21,979,722	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	21,979,722	0.00	21,979,722	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$24,421,914	0.00	\$24,421,914	0.00	\$0	0.00
As MHD continues its journey to modernize and modularize its aging MMIS solution, there is a need for the contractors for new modules to integrate with other MMIS solutions. There is also a need for the existing MMIS module contractors to perform system work to provide historical information, data, file layouts, or find solutions to integrate with new solutions to ensure accurate flow of information between modules.												
In addition to integrating with new modules, as the legacy systems are replaced there will be a need to retain certain data elements and files for a finite amount of time beyond the contractual periods. For example, some call recordings need to be retained for a number of years before they can be deleted due to participant appeal rights. The amount of data to be stored and retention periods are unknown at this point. These records will only be accessed as needed for appeals or other litigation needs.												
MMIS EVV Solution - NOP.83B.026												
General Revenue	0	0.00	0	0.00	0	0.00	421,032	0.00	421,032	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	421,032	0.00	421,032	0.00	0	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	2,737,281	0.00	2,737,281	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	2,737,281	0.00	2,737,281	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$3,158,313	0.00	\$3,158,313	0.00	\$0	0.00

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
The current Electronic Visit Verification (EVV) Aggregator Solution (EAS) contract is approaching the end of the contract period, including optional renewals. In continuing to align with the MMIS Modernization efforts and CMS guidance regarding modernizing and modularizing state systems, MHD is preparing to procure a new Electronic Visit Verification solution.												
MHD anticipates releasing a Request For Proposal (RFP) to solicit bids for a new EVV Solution prior to the end of the current contract; however, there may be a need to continue operating the current EAS while procuring and implementing the new EVV Solution. MHD estimates the implementation of a new EVV Solution during SFY 2027.												
MMIS Aggregator Rule - NOP.83B.027												
General Revenue	0	0.00	0	0.00	0	0.00	1,000,000	0.00	1,000,000	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	1,000,000	0.00	1,000,000	0.00	0	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	1,000,000	0.00	1,000,000	0.00	0	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	1,000,000	0.00	1,000,000	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$2,000,000	0.00	\$2,000,000	0.00	\$0	0.00
The State is required to operate and maintain an incident management system that identifies, reports, triages, investigates, resolves, tracks, and trends critical incidents. The state is required to use an information system, as defined in 45 CFR 164.304 and compliant with 45 CFR part 164, that, at a minimum, enables electronic critical incident data collection, tracking (including the status and resolution of investigations), and trending.												
DHSS, DMH, MMAC, and MHD agree that a system/solution is needed so that the data can go into, be analyzed, and handled as appropriate (sent to sister agencies for investigation), and a system/solution that the data from the DHSS, DMH, and MMAC data can be pulled into and reported on. DHSS, DMH, MMAC, and MHD call this an "aggregator" for this data and reporting.												
The requirements for the incident management system and the reporting are at 42 CFR 441.302. MHD needs to use this system to meet the requirements of 441.302(a)(6)(i)(D), which requires the use of claims data, Medicaid fraud control unit data, and data from other state agencies to identify critical incidents that are unreported by providers or occur because of the failure to deliver authorized services. The deadline to meet the requirements of 42 CFR 441.302(a)(6)(i)(D) is July 9, 2027.												
Total - Information Systems	\$94,105,825	0.00	\$67,641,241	0.00	\$129,368,808	0.00	\$236,728,501	0.00	\$172,678,170	0.00	\$2,521,687	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.630 – MO HealthNet Division – BIS-EDW

Book 6, Page 1290

Description: This funding is for the operation of the Business Intelligence Solution-Enterprise Data Warehouse (BIS-EDW) in the Medicaid Management Information System (MMIS).
Legal Base: State Statute: Sections 208.166 and 208.201, RSMo.; Federal Law: Social Security Act Section 1902(a) (4), 1903(a) (3) and 1915(b).; Federal Regulation: 42 CFR 433(C) and 438; Children's Health Insurance Program State Plan Amendment
Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)
FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$5,781) (GR \$428 and FED \$5,353 E&E) reduction

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.630												
MMIS Bis-Edw - 830361B												
Core												
General Revenue	1,281,409	0.00	1,241,054	0.00	1,961,638	0.00	1,961,638	0.00	1,961,210	0.00	1,961,210	0.00
Expense & Equipment	1,281,409	0.00	1,241,054	0.00	1,961,638	0.00	1,961,638	0.00	1,961,210	0.00	1,961,210	0.00
Federal Funds	3,844,227	0.00	3,838,489	0.00	7,684,913	0.00	7,684,913	0.00	7,679,560	0.00	7,679,560	0.00
Expense & Equipment	3,844,227	0.00	3,838,489	0.00	7,684,913	0.00	7,684,913	0.00	7,679,560	0.00	7,679,560	0.00
Total	\$5,125,636	0.00	\$5,079,543	0.00	\$9,646,551	0.00	\$9,646,551	0.00	\$9,640,770	0.00	\$9,640,770	0.00
MMIS Operational Cost - NOP.83B.020												
General Revenue	0	0.00	0	0.00	0	0.00	30,383	0.00	30,383	0.00	30,383	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	30,383	0.00	30,383	0.00	30,383	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	91,150	0.00	91,150	0.00	91,150	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	91,150	0.00	91,150	0.00	91,150	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$121,533	0.00	\$121,533	0.00	\$121,533	0.00
This NDI is needed to fund increased costs related to the contract extension for the Medicaid Management Information System (MMIS)/Fiscal Agent contract with Infocrossing; the contract extension for the Clinical Management Services and Pharmacy Claims and Prior Authorization (CMSP) contract with Conduent; operational costs under the Business Intelligence Solution - Enterprise Data Warehouse (BIS-EDW) contract with IBM; operational costs under the Beneficiary Support and Premium Collections Solution and Services (BSPC) contract with Automated Health Systems, Inc (AHS); and operational costs under the Electronic Visit Verification (EVV) Aggregator Solution (EAS) contract with Sandata Technologies (aka HHA Exchange).												
Total - MMIS Bis-Edw	\$5,125,636	0.00	\$5,079,543	0.00	\$9,646,551	0.00	\$9,768,084	0.00	\$9,762,303	0.00	\$9,762,303	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.630 – MO HealthNet Division – BSPC-Enrollment Broker

Book 6, Page 1296

Description: This funding is for the operation of the Beneficiary Support and Premiums Collections Solution and Services (BSPC)-Enrollment Broker in the Medicaid Management Information System (MMIS).

Legal Base: State Statute: Sections 208.166 and 208.201, RSMo.; Federal Law: Social Security Act Section 1902(a) (4), 1903(a) (3) and 1915(b).; Federal Regulation: 42 CFR 433(C) and 438; Children's Health Insurance Program State Plan Amendment

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$622,571) FED E&E reduction

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.630												
MMIS Enrollment Broker Bspc - 830362B												
Core												
General Revenue	2,623,869	0.00	2,545,153	0.00	2,854,462	0.00	2,854,462	0.00	2,854,462	0.00	2,854,462	0.00
Expense & Equipment	2,623,869	0.00	2,545,153	0.00	2,854,462	0.00	2,854,462	0.00	2,854,462	0.00	2,854,462	0.00
Federal Funds	4,574,094	0.00	3,906,758	0.00	4,934,119	0.00	4,934,119	0.00	4,311,548	0.00	4,311,548	0.00
Expense & Equipment	4,574,094	0.00	3,906,758	0.00	4,934,119	0.00	4,934,119	0.00	4,311,548	0.00	4,311,548	0.00
Total	\$7,197,963	0.00	\$6,451,911	0.00	\$7,788,581	0.00	\$7,788,581	0.00	\$7,166,010	0.00	\$7,166,010	0.00
MMIS Operational Cost - NOP.83B.020												
General Revenue	0	0.00	0	0.00	0	0.00	311,675	0.00	311,675	0.00	311,675	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	311,675	0.00	311,675	0.00	311,675	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	452,873	0.00	452,873	0.00	452,873	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	452,873	0.00	452,873	0.00	452,873	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$764,548	0.00	\$764,548	0.00	\$764,548	0.00
This NDI is needed to fund increased costs related to the contract extension for the Medicaid Management Information System (MMIS)/Fiscal Agent contract with Infocrossing; the contract extension for the Clinical Management Services and Pharmacy Claims and Prior Authorization (CMSP) contract with Conduent; operational costs under the Business Intelligence Solution - Enterprise Data Warehouse (BIS-EDW) contract with IBM; operational costs under the Beneficiary Support and Premium Collections Solution and Services (BSPC) contract with Automated Health Systems, Inc (AHS); and operational costs under the Electronic Visit Verification (EVV) Aggregator Solution (EAS) contract with Sandata Technologies (aka HHA Exchange).												
MMIS Enrollment Broker - NOP.83B.023												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,646,626	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,646,626	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	4,169,824	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	4,169,824	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$5,816,450	0.00
Total - MMIS Enrollment Broker Bspc	\$7,197,963	0.00	\$6,451,911	0.00	\$7,788,581	0.00	\$8,553,129	0.00	\$7,930,558	0.00	\$13,747,008	0.00

DEPARTMENT OF SOCIAL SERVICES
Section 11.630 – MO HealthNet Division – CMSP

Book 6, Page 1302

Description: This funding is for the operation of the Clinical Management Services and Pharmacy Claims and Prior Authorization (CMSP) in the Medicaid Management Information System (MMIS).

Legal Base: State Statute: Sections 208.166 and 208.201, RSMo.; Federal Law: Social Security Act Section 1902(a) (4), 1903(a) (3) and 1915(b).; Federal Regulation: 42 CFR 433(C) and 438; Children's Health Insurance Program State Plan Amendment

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$635,848) (GR \$20,732 and FED \$615,116 E&E) reduction

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.630												
MMIS Cmsp - 830363B												
Core												
General Revenue	4,845,359	0.00	4,607,229	0.00	5,138,668	0.00	5,138,668	0.00	5,117,936	0.00	5,117,936	0.00
Expense & Equipment	4,845,359	0.00	4,607,229	0.00	5,138,668	0.00	5,138,668	0.00	5,117,936	0.00	5,117,936	0.00
Federal Funds	14,481,033	0.00	13,821,688	0.00	15,303,167	0.00	15,303,167	0.00	14,688,051	0.00	14,688,051	0.00
Expense & Equipment	14,481,033	0.00	13,821,688	0.00	15,303,167	0.00	15,303,167	0.00	14,688,051	0.00	14,688,051	0.00
Total	\$19,326,392	0.00	\$18,428,917	0.00	\$20,441,835	0.00	\$20,441,835	0.00	\$19,805,987	0.00	\$19,805,987	0.00
MMIS Operational Cost - NOP.83B.020												
General Revenue	0	0.00	0	0.00	0	0.00	310,091	0.00	310,091	0.00	310,091	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	310,091	0.00	310,091	0.00	310,091	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	869,590	0.00	869,590	0.00	869,590	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	869,590	0.00	869,590	0.00	869,590	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$1,179,681	0.00	\$1,179,681	0.00	\$1,179,681	0.00
This NDI is needed to fund increased costs related to the contract extension for the Medicaid Management Information System (MMIS)/Fiscal Agent contract with Infocrossing; the contract extension for the Clinical Management Services and Pharmacy Claims and Prior Authorization (CMSP) contract with Conduent; operational costs under the Business Intelligence Solution - Enterprise Data Warehouse (BIS-EDW) contract with IBM; operational costs under the Beneficiary Support and Premium Collections Solution and Services (BSPC) contract with Automated Health Systems, Inc (AHS); and operational costs under the Electronic Visit Verification (EVV) Aggregator Solution (EAS) contract with Sandata Technologies (aka HHA Exchange).												
MMIS Interoperability Rule - NOP.83B.021												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	189,735	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	189,735	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2,000,000	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2,000,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$2,189,735	0.00
MMIS Prior Auth Solution - NOP.83B.024												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	900,000	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	900,000	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	8,100,000	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	8,100,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$9,000,000	0.00
Total - MMIS Cmsp	\$19,326,392	0.00	\$18,428,917	0.00	\$20,441,835	0.00	\$21,621,516	0.00	\$20,985,668	0.00	\$32,175,403	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.630 – MO HealthNet Division – Pharmacy Solutions

Book 6, Page 1308

Description: This funding is for the operation of Pharmacy Solutions in the Medicaid Management Information System (MMIS).

Legal Base: State Statute: Sections 208.166 and 208.201, RSMo.; Federal Law: Social Security Act Section 1902(a) (4), 1903(a) (3) and 1915(b).; Federal Regulation: 42 CFR 433(C) and 438; Children's Health Insurance Program State Plan Amendment

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$955,267) (GR \$22,348 and FED \$932,919 E&E) reduction

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.630												
MMIS Pharmacy Solutions - 830364B												
Core												
General Revenue	1,500,000	0.00	85,914	0.00	1,500,000	0.00	1,500,000	0.00	1,477,652	0.00	1,477,652	0.00
Expense & Equipment	1,500,000	0.00	85,914	0.00	1,500,000	0.00	1,500,000	0.00	1,477,652	0.00	1,477,652	0.00
Federal Funds	13,500,000	0.00	773,229	0.00	13,500,000	0.00	13,500,000	0.00	12,567,081	0.00	12,567,081	0.00
Expense & Equipment	13,500,000	0.00	773,229	0.00	13,500,000	0.00	13,500,000	0.00	12,567,081	0.00	12,567,081	0.00
Total	\$15,000,000	0.00	\$859,144	0.00	\$15,000,000	0.00	\$15,000,000	0.00	\$14,044,733	0.00	\$14,044,733	0.00
Total - MMIS Pharmacy Solutions	\$15,000,000	0.00	\$859,144	0.00	\$15,000,000	0.00	\$15,000,000	0.00	\$14,044,733	0.00	\$14,044,733	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.630 – MO HealthNet Division – Managed Care Contract Management Tool

Book 6, Page 1314

Description: This funding is for the operation of the Managed Care Contract Management Tool in the Medicaid Management Information System (MMIS).

Legal Base: State Statute: Sections 208.166 and 208.201, RSMo.; Federal Law: Social Security Act Section 1902(a) (4), 1903(a) (3) and 1915(b).; Federal Regulation: 42 CFR 433(C) and 438; Children's Health Insurance Program State Plan Amendment

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$477,634) (GR \$11,174 and FED \$466,460 E&E) reduction

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.630												
MMIS Mc Contract Managmnt Tool - 830365B												
Core												
General Revenue	700,000	0.00	0	0.00	700,000	0.00	700,000	0.00	688,826	0.00	688,826	0.00
Expense & Equipment	700,000	0.00	0	0.00	700,000	0.00	700,000	0.00	688,826	0.00	688,826	0.00
Federal Funds	6,300,000	0.00	0	0.00	6,300,000	0.00	6,300,000	0.00	5,833,540	0.00	5,833,540	0.00
Expense & Equipment	6,300,000	0.00	0	0.00	6,300,000	0.00	6,300,000	0.00	5,833,540	0.00	5,833,540	0.00
Total	\$7,000,000	0.00	\$0	0.00	\$7,000,000	0.00	\$7,000,000	0.00	\$6,522,366	0.00	\$6,522,366	0.00
Total - MMIS Mc Contract Managmnt Tool	\$7,000,000	0.00	\$0	0.00	\$7,000,000	0.00	\$7,000,000	0.00	\$6,522,366	0.00	\$6,522,366	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.630 – MO HealthNet Division – Fiscal Agent and Core Claims Solution Contract

Book 6, Pages 1252 & 1259

Description: The current MMIS Fiscal Agent contract has been in place with Infocrossing LLC since 2007 and has been extended through single-feasible source procurements through SFY 2028 with optional renewals through 2030. This is the largest remaining system to be replaced by a modern, modular solution and is the cornerstone of the Medicaid Management Information System (MMIS) Modernization journey that MHD has been on for several years.

Legal Base: State Statute: Sections 208.166 and 208.201, RSMo.; Federal Law: Social Security Act Section 1902(a) (4), 1903(a) (3) and 1915(b).; Federal Regulation: 42 CFR 433(C) and 438; Children's Health Insurance Program State Plan Amendment

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

New Subsection – recommended by the House

GOVERNOR:

New Subsection – recommended by the House

HOUSE:

Core reallocation: \$68,465,034 (GR \$18,920,852 and FED \$49,544,182 E&E) reallocation within section from Information Systems

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.630												
MMIS Core Claims Solution/Fiscal Agent - 830465B												
Core												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	18,920,852	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	18,920,852	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	49,544,182	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	49,544,182	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$68,465,034	0.00
GR Pick Up for FMAP Fund - NOP.83B.003												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2,416,534	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2,416,534	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$2,416,534	0.00
MMIS Core Claims Solution - NOP.83B.019												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2,750,000	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2,750,000	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	24,750,000	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	24,750,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$27,500,000	0.00
MMIS Operational Cost - NOP.83B.020												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	3,405,631	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	3,405,631	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	11,461,200	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	11,461,200	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$14,866,831	0.00
Total - MMIS Core Claims Solution/Fiscal Agent	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$113,248,399	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.630 – MO HealthNet Division – EVV Aggregator Solution (EAS) Contract

Book 6, Pages 1252 & 1284

Description: The current Electronic Visit Verification (EVV) Aggregator Solution (EAS) contract is approaching the end of the contract period, including optional renewals. In continuing to align with the Medicaid Management Information System (MMIS) Modernization efforts and Centers for Medicare & Medicaid Services (CMS) guidance regarding modernizing and modularizing state systems, MHD is preparing to procure a new Electronic Visit Verification solution.

Legal Base: State Statute: Sections 208.166 and 208.201, RSMo.; Federal Law: Social Security Act Section 1902(a) (4), 1903(a) (3) and 1915(b).; Federal Regulation: 42 CFR 433(C) and 438; Children's Health Insurance Program State Plan Amendment

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

New Subsection – recommended by the House

GOVERNOR:

New Subsection – recommended by the House

HOUSE:

Core reallocation: \$6,390,023 (GR \$1,457,912 and FED \$4,932,111 E&E) reallocation within section from Information Systems

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.630												
MMIS EVV - 830466B												
Core												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,457,912	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,457,912	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	4,932,111	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	4,932,111	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$6,390,023	0.00
MMIS Operational Cost - NOP.83B.020												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	32,202	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	32,202	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	96,606	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	96,606	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$128,808	0.00
MMIS EVV Solution - NOP.83B.026												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	351,072	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	351,072	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2,807,241	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2,807,241	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$3,158,313	0.00
Total - MMIS EVV	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$9,677,144	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.630 – MO HealthNet Division – Transition Services

Book 6, Pages 1252 & 1280

Description: As MHD continues its journey to modernize and modularize its aging Medicaid Management Information System (MMIS) solution, there is a need for contractors for new modules to integrate with other MMIS solutions. There is also a need for the existing MMIS module contractors to perform system work to provide historical information, data, file layouts, or find solutions to integrate with new solutions to ensure an accurate flow of information between modules. In addition to integrating with new modules, as the legacy systems are replaced, there will be a need to retain certain data elements and files for a finite amount of time beyond the contractual periods. For example, some call recordings need to be retained for a number of years before they can be deleted due to participant appeal rights. The amount of data to be stored and the retention periods are unknown at this point. These records will only be accessed as needed for appeals or other litigation needs.

Legal Base: State Statute: Sections 208.166 and 208.201, RSMo.; Federal Law: Social Security Act Section 1902(a) (4), 1903(a) (3) and 1915(b).; Federal Regulation: 42 CFR 433(C) and 438; Children's Health Insurance Program State Plan Amendment

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

New Subsection – recommended by the House

GOVERNOR:

New Subsection – recommended by the House

HOUSE:

New Decision Item: \$24,421,914 (GR \$2,442,192 and FED \$21,979,722 E&E) reallocation within section from Information Systems – MMIS Transition Services NDI

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.630												
MMIS Transition Services - 830468B												
MMIS Transition Services - NOP.83B.025												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2,442,192	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2,442,192	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	21,979,722	0.00
Expense & Equipment	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	21,979,722	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$24,421,914	0.00
Total - MMIS Transition Services	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$24,421,914	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.635 – MO HealthNet Division – Health Data Utility (HDU)

Book 6, Page 1325

Description: This program will enhance Missouri's existing Health Information Exchange (HIE) infrastructure to support data analysis at the MO HealthNet Division (MHD) and across the Missouri Medicaid Enterprise through the creation of a Health Data Utility (HDU). Data will be used to enhance care delivery and system efficiency within MHD and improve care delivery and health outcomes in underserved communities.

Legal Base: HB 11

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

Core reduction: (\$20,591,468) FED E&E reduction of estimated lapse

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.635												
Health Data Utility - 830198B												
Core												
General Revenue	5,000,000	0.00	424,118	0.00	5,000,000	0.00	5,000,000	0.00	5,000,000	0.00	5,000,000	0.00
Expense & Equipment	5,000,000	0.00	424,118	0.00	5,000,000	0.00	5,000,000	0.00	5,000,000	0.00	5,000,000	0.00
Federal Funds	45,000,000	0.00	3,817,063	0.00	45,000,000	0.00	45,000,000	0.00	45,000,000	0.00	24,408,532	0.00
Expense & Equipment	45,000,000	0.00	3,817,063	0.00	45,000,000	0.00	45,000,000	0.00	45,000,000	0.00	24,408,532	0.00
Total	\$50,000,000	0.00	\$4,241,181	0.00	\$50,000,000	0.00	\$50,000,000	0.00	\$50,000,000	0.00	\$29,408,532	0.00
Total - Health Data Utility	\$50,000,000	0.00	\$4,241,181	0.00	\$50,000,000	0.00	\$50,000,000	0.00	\$50,000,000	0.00	\$29,408,532	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.640 – MO HealthNet Division – Show-Me Home

Book 6, Page 1330

Description: This budget item funds administration of the Show-Me Home (formerly Money Follows the Person) program, which transitions Medicaid-eligible individuals who are elderly or disabled from nursing facilities or state-owned habilitation centers to Home and Community Based Services (HCBS).

Legal Base: Section 6071 of the Federal Deficit Reduction Act of 2005; P.L. 109-171, and amended by the Affordable Care Act, Section 2403

Funding Sources: Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:
No core changes

GOVERNOR:
No core changes

HOUSE:
No core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.640												
Money Follows The Person Grant - 830199B												
Core												
Federal Funds	1,532,549	0.00	966,967	0.00	1,532,549	0.00	1,532,549	0.00	1,532,549	0.00	1,532,549	0.00
Expense & Equipment	392,549	0.00	934,829	0.00	392,549	0.00	392,549	0.00	392,549	0.00	392,549	0.00
Program-Specific	1,140,000	0.00	32,139	0.00	1,140,000	0.00	1,140,000	0.00	1,140,000	0.00	1,140,000	0.00
Total	\$1,532,549	0.00	\$966,967	0.00	\$1,532,549	0.00	\$1,532,549	0.00	\$1,532,549	0.00	\$1,532,549	0.00
Total - Money Follows The Person Grant	\$1,532,549	0.00	\$966,967	0.00	\$1,532,549	0.00	\$1,532,549	0.00	\$1,532,549	0.00	\$1,532,549	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.700 – MO HealthNet Division – Pharmacy Services

Book 6, Page 1335

Description: This item funds the pharmacy program, which is necessary to maintain pharmacy reimbursement at a sufficient level to ensure quality health care and provider participation. Funding provides pharmacy services for both managed care and fee-for-service populations. Beginning on October 1, 2009, pharmacy services were carved out of the managed care capitation rates, and the state began administering the pharmacy benefit for participants enrolled in managed care as well as participants enrolled in fee-for-service.

Legal Base: State Statute: Sections 208.152 and 208.166, RSMo.; Federal Law: Social Security Act Section 1902(a) (12).; State Regulation: 13 CSR 70-20.; Federal Regulation: 42 CFR 440.120

Funding Sources: General Revenue (1101), Title XIX-Federal Fund (1163), Pharmacy Rebates Fund (1114), Third Party Liability Collections Fund (1120), Pharmacy Reimbursement Allowance Fund (1144), Health Initiatives Fund (1275), and Premium Fund (1885)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$10,000,000) GR PSD reduction of estimated lapse
Core reduction: (\$43,801,323) GR PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item
Core reduction: (\$69,173,940) (GR \$24,598,253 and FED \$44,575,687 PSD) reduction due to various generated savings for the program

HOUSE:

Core reduction: (\$10,753,911) OTH PSD reduction of estimated lapse

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.700												
Pharmacy - 830201B												
Core												
General Revenue	165,120,479	0.00	113,688,136	0.00	167,733,904	0.00	167,733,904	0.00	89,334,328	0.00	89,334,328	0.00
Program-Specific	165,120,479	0.00	113,688,136	0.00	167,733,904	0.00	167,733,904	0.00	89,334,328	0.00	89,334,328	0.00
Federal Funds	907,441,820	0.00	741,282,875	0.00	748,801,531	0.00	748,801,531	0.00	704,225,844	0.00	704,225,844	0.00
Program-Specific	907,441,820	0.00	741,282,875	0.00	748,801,531	0.00	748,801,531	0.00	704,225,844	0.00	704,225,844	0.00
Other Funds	307,772,668	0.00	273,465,962	0.00	307,772,668	0.00	307,772,668	0.00	307,772,668	0.00	297,018,757	0.00
Program-Specific	307,772,668	0.00	273,465,962	0.00	307,772,668	0.00	307,772,668	0.00	307,772,668	0.00	297,018,757	0.00
Total	\$1,380,334,967	0.00	\$1,128,436,973	0.00	\$1,224,308,103	0.00	\$1,224,308,103	0.00	\$1,101,332,840	0.00	\$1,090,578,929	0.00
Pharm Specialty PMPM - NOP.83B.011												
General Revenue	0	0.00	0	0.00	0	0.00	19,841,466	0.00	19,782,879	0.00	18,103,294	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	19,841,466	0.00	19,782,879	0.00	18,103,294	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	35,955,683	0.00	36,014,270	0.00	32,956,624	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	35,955,683	0.00	36,014,270	0.00	32,956,624	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$55,797,149	0.00	\$55,797,149	0.00	\$51,059,918	0.00
Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.												
This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to specialty drugs. Specialty drugs account for the majority of the projected increase in pharmacy expenditures.												
State statute: Section 208.201, RSMo. Federal Law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.												
Pharm Non-Specialty PMPM - NOP.83B.015												
General Revenue	0	0.00	0	0.00	0	0.00	5,416,279	0.00	5,400,286	0.00	5,235,349	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	5,416,279	0.00	5,400,286	0.00	5,235,349	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	9,815,102	0.00	9,831,095	0.00	9,530,832	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	9,815,102	0.00	9,831,095	0.00	9,530,832	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$15,231,381	0.00	\$15,231,381	0.00	\$14,766,181	0.00
Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.												
This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to non-specialty drugs.												
State statute: Section 208.201, RSMo. Federal Law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.												
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	48,431,150	0.00	0	0.00	0	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	48,431,150	0.00	0	0.00	0	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	198,080,544	0.00	98,414,977	0.00	113,933,289	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	198,080,544	0.00	98,414,977	0.00	113,933,289	0.00

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$246,511,694	0.00	\$98,414,977	0.00	\$113,933,289	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
FMAP Adjustment - SWO.GV.001												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	43,801,323	0.00	43,801,323	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	43,801,323	0.00	43,801,323	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$43,801,323	0.00	\$43,801,323	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Pharmacy	\$1,380,334,967	0.00	\$1,128,436,973	0.00	\$1,224,308,103	0.00	\$1,541,848,327	0.00	\$1,314,577,670	0.00	\$1,314,139,640	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.700 – MO HealthNet Division – Pharmacy Medicare Part D-Clawback

Book 6, Page 1343

Description: This core request is for the continued funding of the Medicare Part D Clawback. Clawback refers to that portion of the Medicare Prescription Drug Act that requires states to pay Medicare a portion of the cost of Part D drugs attributable to what would have been paid for by the state absent the Part D drug benefit.

Legal Basis: Federal Law: Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003, P.L. 108-173

Funding Sources: General Revenue (1101)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

No core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.700												
Pharmacy-Med Part D-Clawback - 830202B												
Core												
General Revenue	353,126,063	0.00	353,507,080	0.00	383,477,210	0.00	383,477,210	0.00	383,477,210	0.00	383,477,210	0.00
Program-Specific	353,126,063	0.00	353,507,080	0.00	383,477,210	0.00	383,477,210	0.00	383,477,210	0.00	383,477,210	0.00
Total	\$353,126,063	0.00	\$353,507,080	0.00	\$383,477,210	0.00	\$383,477,210	0.00	\$383,477,210	0.00	\$383,477,210	0.00
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	7,471,590	0.00	1,411,800	0.00	10,085,030	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	7,471,590	0.00	1,411,800	0.00	10,085,030	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$7,471,590	0.00	\$1,411,800	0.00	\$10,085,030	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
Total - Pharmacy-Med Part D-Clawback	\$353,126,063	0.00	\$353,507,080	0.00	\$383,477,210	0.00	\$390,948,800	0.00	\$384,889,010	0.00	\$393,562,240	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.705 – MO HealthNet Division – Missouri Rx Plan (MORx)

Book 6, Page 1350

Description: The Missouri Rx Plan (MORx) provides pharmaceutical assistance to Medicare/Medicaid dual eligibles. SB 514 (2019) removed the MO HealthNet dual-eligibility requirement while retaining the income limitations, subject to appropriations. MORx facilitates the coordination of benefits between the MORx plan, and the federal Medicare Part D drug benefit program established by the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), P.L. 108-173, and enrolls individuals in the program. The MORx program has been reauthorized by the General Assembly through August 28, 2029.

Legal Basis: State Statute: Sections 208.780 through 208.798, RSMo.; Federal Law: Medicare Prescription Drug Improvement and Modernization Act of 2003, P.L. 108-173

Funding Sources: General Revenue (1101) and Missouri Rx Plan Fund (1779)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

No core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.705												
Missouri Rx Plan - 830203B												
Core												
General Revenue	1,396,065	0.00	870,866	0.00	1,235,335	0.00	1,235,335	0.00	1,235,335	0.00	1,235,335	0.00
Program-Specific	1,396,065	0.00	870,866	0.00	1,235,335	0.00	1,235,335	0.00	1,235,335	0.00	1,235,335	0.00
Other Funds	1,188,774	0.00	912,093	0.00	1,188,774	0.00	1,188,774	0.00	1,188,774	0.00	1,188,774	0.00
Program-Specific	1,188,774	0.00	912,093	0.00	1,188,774	0.00	1,188,774	0.00	1,188,774	0.00	1,188,774	0.00
Total	\$2,584,839	0.00	\$1,782,959	0.00	\$2,424,109	0.00	\$2,424,109	0.00	\$2,424,109	0.00	\$2,424,109	0.00
MO HealthNet CTC - NOP,83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	239,938	0.00	149,997	0.00	113,011	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	239,938	0.00	149,997	0.00	113,011	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$239,938	0.00	\$149,997	0.00	\$113,011	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
Total - Missouri Rx Plan	\$2,584,839	0.00	\$1,782,959	0.00	\$2,424,109	0.00	\$2,664,047	0.00	\$2,574,106	0.00	\$2,537,120	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.710 – MO HealthNet Division – Pharmacy Federal Reimbursement Allowance (FRA) Payments

Book 6, Page 1355

Description: This item provides funding payments for pharmacy services provided to MO HealthNet participants. Funds from this core are used to provide enhanced dispensing fee payment rates using the Pharmacy Reimbursement Allowance under Title XIX of the Social Security Act as a General Revenue equivalent.

Legal Base: State Statute: Section 338.500, RSMo.; Federal Law: Social Security Act Section 1903(w); State Regulation: 13 CSR 70-20; Federal Regulation: 42 CFR 433 Subpart B

Funding Sources: Title XIX-Federal Fund (1163) and Pharmacy Reimbursement Allowance Fund (1144)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$553,900) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

HOUSE:

Core reduction: (\$45,000,000) (FED \$29,045,250 and OTH \$15,954,750 PSD) reduction

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.710												
Pharmacy Fra - 830204B												
Core												
Federal Funds	37,990,000	0.00	1,363,866	0.00	37,990,000	0.00	37,990,000	0.00	37,436,100	0.00	8,390,850	0.00
Program-Specific	37,990,000	0.00	1,363,866	0.00	37,990,000	0.00	37,990,000	0.00	37,436,100	0.00	8,390,850	0.00
Other Funds	20,010,000	0.00	751,141	0.00	20,010,000	0.00	20,010,000	0.00	20,010,000	0.00	4,055,250	0.00
Program-Specific	20,010,000	0.00	751,141	0.00	20,010,000	0.00	20,010,000	0.00	20,010,000	0.00	4,055,250	0.00
Total	\$58,000,000	0.00	\$2,115,007	0.00	\$58,000,000	0.00	\$58,000,000	0.00	\$57,446,100	0.00	\$12,446,100	0.00
FMAP Adjustment - SWO.GV.001												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	553,900	0.00	553,900	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	553,900	0.00	553,900	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$553,900	0.00	\$553,900	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Pharmacy Fra	\$58,000,000	0.00	\$2,115,007	0.00	\$58,000,000	0.00	\$58,000,000	0.00	\$58,000,000	0.00	\$13,000,000	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.715 – MO HealthNet Division – Physician's Services

Book 6, Page 1360

Description: This section provides funding for physician-related services provided to fee-for-service MO HealthNet participants. Services are provided by physicians, advanced practitioners, chiropractors, podiatrists, and certain behavioral health providers at various locations. The majority of services provided by physician-related professionals are reimbursed on a fee schedule, whereby each procedure or claim is priced individually by a medical consultant based on the unique circumstances of the case. Certain procedures are only reimbursable with prior approval. A few services are reimbursed manually.

Legal Base: State Statute: Sections 208.153 and 208.166 RSMo.; Federal Law: Social Security Act Sections 1905(a) (2), (3), (5), (6), (9), (17), (21); 1905(r) and 1915(d); Federal Regulation: 42 CFR 440.210, 440.500, 412.113(c) and 441 Subpart B

Funding Sources: General Revenue (1101), Title XIX-Federal Fund (1163), Pharmacy Reimbursement Allowance Fund (1144), Health Initiatives Fund (1275), Third Party Liability Collections Fund (1120)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$1,670,532) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

Core reduction: (\$34,621,712) (GR \$12,311,481 and FED \$22,310,231 PSD) reduction due to various generated savings for the program

HOUSE:

Core reduction: (\$658,660) (GR \$227,238 and FED \$431,422 PSD) reduction of Chiropractic and Acupuncture Services

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.715												
Physician Related Prof - 830205B												
Core												
General Revenue	199,859,558	0.00	199,658,016	0.00	205,478,698	0.00	205,478,698	0.00	193,167,217	0.00	192,939,979	0.00
Program-Specific	199,859,558	0.00	199,658,016	0.00	205,478,698	0.00	205,478,698	0.00	193,167,217	0.00	192,939,979	0.00
Federal Funds	379,215,269	0.00	442,747,156	0.00	377,608,324	0.00	377,608,324	0.00	353,627,561	0.00	353,196,139	0.00
Program-Specific	379,215,269	0.00	442,747,156	0.00	377,608,324	0.00	377,608,324	0.00	353,627,561	0.00	353,196,139	0.00
Other Funds	1,678,127	0.00	1,678,127	0.00	1,678,127	0.00	1,678,127	0.00	1,678,127	0.00	1,678,127	0.00
Program-Specific	1,678,127	0.00	1,678,127	0.00	1,678,127	0.00	1,678,127	0.00	1,678,127	0.00	1,678,127	0.00
Total	\$580,752,954	0.00	\$644,083,299	0.00	\$584,765,149	0.00	\$584,765,149	0.00	\$548,472,905	0.00	\$547,814,245	0.00
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	22,621,800	0.00	17,823,391	0.00	22,302,305	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	22,621,800	0.00	17,823,391	0.00	22,302,305	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	53,123,227	0.00	48,411,524	0.00	54,593,143	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	53,123,227	0.00	48,411,524	0.00	54,593,143	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$75,745,027	0.00	\$66,234,915	0.00	\$76,895,448	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
FMAP Adjustment - SWO.GV.001												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	1,670,532	0.00	1,670,532	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	1,670,532	0.00	1,670,532	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$1,670,532	0.00	\$1,670,532	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Physician Related Prof	\$580,752,954	0.00	\$644,083,299	0.00	\$584,765,149	0.00	\$660,510,176	0.00	\$616,378,352	0.00	\$626,380,225	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.715 – MO HealthNet Division – Certified Community Behavioral Health Organizations (CCBHO)

Book 6, Page 1368

Description: Certified Community Behavioral Health Organizations (CCBHO) is a demonstration program to implement a Prospective Payment System (PPS) for the purchase of behavioral health services for certain Medicaid beneficiaries. The PPS is an actuarially sound, cost-based reimbursement method that replaces the current Medicaid fee-for-service system, which provides reimbursement for individual units of community service provided. Under the demonstration program, community behavioral health organizations recognized by the Department of Mental Health (DMH) as in substantial compliance with new federal standards for Certified Community Behavioral Health Organizations (CCBHOs) receive a single, fixed payment amount for each day that they provide eligible CCBHO services to a Medicaid-eligible individual. As of 7/1/23, Missouri has 20 CCBHOs that are participating in the federal demonstration.

Legal Base: Federal Regulation: 42 CFR, 447.272

Funding Sources: General Revenue (1101) and Title XIX-Federal Fund (1163)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$6,284,092) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

Core reduction: (\$120,000,000) (GR \$36,261,908 and FED \$83,738,092 PSD) reduction of estimated lapse

HOUSE:

Core restoration: \$6,284,092 FED PSD restoration to correct the Federal Medical Assistance Percentage (FMAP) rate reduction – reversed the Governor's change

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.715												
Ccbho - 830212B												
Core												
General Revenue	63,225,992	0.00	45,089,434	0.00	75,180,484	0.00	75,180,484	0.00	38,918,576	0.00	38,918,576	0.00
Program-Specific	63,225,992	0.00	45,089,434	0.00	75,180,484	0.00	75,180,484	0.00	38,918,576	0.00	38,918,576	0.00
Federal Funds	149,636,890	0.00	84,062,715	0.00	140,455,016	0.00	140,455,016	0.00	50,432,832	0.00	56,716,924	0.00
Program-Specific	149,636,890	0.00	84,062,715	0.00	140,455,016	0.00	140,455,016	0.00	50,432,832	0.00	56,716,924	0.00
Total	\$212,862,882	0.00	\$129,152,148	0.00	\$215,635,500	0.00	\$215,635,500	0.00	\$89,351,408	0.00	\$95,635,500	0.00
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	16,546,490	0.00	11,411,185	0.00	11,411,185	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	16,546,490	0.00	11,411,185	0.00	11,411,185	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$16,546,490	0.00	\$11,411,185	0.00	\$11,411,185	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
FMAP Adjustment - SWO.GV.001												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	6,284,092	0.00	0	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	6,284,092	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$6,284,092	0.00	\$0	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Ccbho	\$212,862,882	0.00	\$129,152,148	0.00	\$215,635,500	0.00	\$232,181,990	0.00	\$107,046,685	0.00	\$107,046,685	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.720 – MO HealthNet Division – Programs for All-Inclusive Care for the Elderly (PACE)

Book 6, Page 1375

Description: This item funds payments provided to the Program for All-Inclusive Care for the Elderly (PACE). PACE provides a full range of preventive, primary, acute, in-home, and long-term care services. PACE is able to provide services to participants 24 hours a day, 7 days a week, and services are provided as deemed necessary via a health assessment by the PACE Interdisciplinary Team (IDT). All medical services authorized and delivered to the participant while enrolled in the PACE program are the financial responsibility of the PACE provider. Missouri currently has three operating PACE organizations (PO): New Horizons PACE in the St. Louis area, PACE KC Adult Wellness Center in Jackson County, and Jordan Valley Senior Care in Springfield.

Legal Base: State Regulation: 13 CSR 70-8.010; Federal Regulation: 42 CFR, 460

Funding Sources: General Revenue (1101) and Title XIX-Federal Fund (1163)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$152,244) GR PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

HOUSE:

Core reduction: (\$6,000,000) (GR \$2,000,000 and FED \$4,000,000 PSD) reduction

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.720												
Pace - 830207B												
Core												
General Revenue	4,530,183	0.00	1,643,533	0.00	6,155,311	0.00	6,155,311	0.00	6,003,067	0.00	4,003,067	0.00
Program-Specific	4,530,183	0.00	1,643,533	0.00	6,155,311	0.00	6,155,311	0.00	6,003,067	0.00	4,003,067	0.00
Federal Funds	8,500,855	0.00	3,238,908	0.00	10,776,200	0.00	10,776,200	0.00	10,776,200	0.00	6,776,200	0.00
Program-Specific	8,500,855	0.00	3,238,908	0.00	10,776,200	0.00	10,776,200	0.00	10,776,200	0.00	6,776,200	0.00
Total	\$13,031,038	0.00	\$4,882,441	0.00	\$16,931,511	0.00	\$16,931,511	0.00	\$16,779,267	0.00	\$10,779,267	0.00
PACE Rate Increase - NOP.83B.009												
General Revenue	0	0.00	0	0.00	0	0.00	255,720	0.00	244,877	0.00	214,608	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	255,720	0.00	244,877	0.00	214,608	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	463,401	0.00	445,793	0.00	390,688	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	463,401	0.00	445,793	0.00	390,688	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$719,121	0.00	\$690,670	0.00	\$605,296	0.00
The Missouri Department of Social Services, MO HealthNet Division (MHD), is the state administering agency for the Program of All-Inclusive Care for the Elderly (PACE) program. The State and Federal authorization for this program is 13 CSR 70-8.010 and 42 CFR, 460. Missouri currently has three operating PACE organizations: EverTrue PACE (previously New Horizons PACE) in the St. Louis area; PACE KC in the Kansas City area; and Jordan Valley Senior Care in the Springfield area. All capitation rates are required to not be greater than the Amount that Would have been Otherwise Paid (AWOP) under Fee-for-Service (FFS).												
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	2,703,891	0.00	700,832	0.00	1,151,826	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	2,703,891	0.00	700,832	0.00	1,151,826	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	4,943,360	0.00	1,505,956	0.00	2,192,655	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	4,943,360	0.00	1,505,956	0.00	2,192,655	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$7,647,251	0.00	\$2,206,788	0.00	\$3,344,481	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
FMAP Adjustment - SWO.GV.001												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	152,244	0.00	152,244	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	152,244	0.00	152,244	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$152,244	0.00	\$152,244	0.00

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Pace	\$13,031,038	0.00	\$4,882,441	0.00	\$16,931,511	0.00	\$25,297,883	0.00	\$19,828,969	0.00	\$14,881,288	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.725 – MO HealthNet Divisions – Dental Services

Book 6, Page 1386

Description: This budget item funds the dental fee-for-service program. Comprehensive dental services are available for children, pregnant women, the blind, and nursing facility residents (including Independent Care Facilities for individuals with Intellectual Disabilities-ICF/ID). As of January 2016, MO HealthNet began offering limited dental services for adults ages 21 and over.

Legal Base: State Statute: Section 208.152, RSMo.; Federal Law: Social Security Act Section 1905(a) (12) and (18), 1905(o); Federal Regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170

Fund Sources: General Revenue (1101), Title XIX-Federal Fund (1163), and Health Initiatives Fund (1275)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:
No core changes

GOVERNOR:
Core reduction: (\$94,469) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

HOUSE:
Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.725												
Dental - 830214B												
Core												
General Revenue	4,760,092	0.00	3,921,247	0.00	4,795,230	0.00	4,795,230	0.00	4,795,230	0.00	4,795,230	0.00
Program-Specific	4,760,092	0.00	3,921,247	0.00	4,795,230	0.00	4,795,230	0.00	4,795,230	0.00	4,795,230	0.00
Federal Funds	8,602,164	0.00	7,617,480	0.00	9,125,600	0.00	9,125,600	0.00	9,031,131	0.00	9,031,131	0.00
Program-Specific	8,602,164	0.00	7,617,480	0.00	9,125,600	0.00	9,125,600	0.00	9,031,131	0.00	9,031,131	0.00
Other Funds	71,162	0.00	71,162	0.00	71,162	0.00	71,162	0.00	71,162	0.00	71,162	0.00
Program-Specific	71,162	0.00	71,162	0.00	71,162	0.00	71,162	0.00	71,162	0.00	71,162	0.00
Total	\$13,433,418	0.00	\$11,609,888	0.00	\$13,991,992	0.00	\$13,991,992	0.00	\$13,897,523	0.00	\$13,897,523	0.00
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	1,100,723	0.00	821,730	0.00	725,656	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	1,100,723	0.00	821,730	0.00	725,656	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	1,687,698	0.00	1,246,325	0.00	1,055,211	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	1,687,698	0.00	1,246,325	0.00	1,055,211	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$2,788,421	0.00	\$2,068,055	0.00	\$1,780,867	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
FMAP Adjustment - SWO.GV.001												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	94,469	0.00	94,469	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	94,469	0.00	94,469	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$94,469	0.00	\$94,469	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Dental	\$13,433,418	0.00	\$11,609,888	0.00	\$13,991,992	0.00	\$16,780,413	0.00	\$16,060,047	0.00	\$15,772,859	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.730 – MO HealthNet Division – Premium Payments

Book 6, Page 1393

Description: This item funds premium payments for health insurance through the following MO HealthNet programs: (1) Medicare Buy-In program for individuals dually enrolled in MO HealthNet and Medicare; (2) Health Insurance Premium Payment (HIPP) program for individuals enrolled in MO HealthNet and commercial or employer-sponsored health insurance. Payment of these premiums allows MO HealthNet to transfer medical costs from the MO HealthNet program to Medicare and other payers. The purpose of the Medicare Savings Program and the Health Insurance Premium Payment (HIPP) Program is to allow states to enroll certain groups of eligible individuals in Medicare or private insurance and pay their monthly premiums to transfer medical costs from the Title XIX Medicaid program to the Medicare program - Title XVIII or other payers. This process allows the state to realize cost savings through the substitution of Medicare or other payer liability for the majority of the medical costs before a provider may seek reimbursement for the remaining uncompensated portion of the services.

Legal Base: State Statute: Section 208.153, RSMo.; Federal Law: Social Security Act Section 1905(p) (1), 1902(a) (10) and 1906; Federal Regulation: 42 CFR 406.26 and 431.625

Funding Sources: General Revenue (1101) and Title XIX-Federal Fund (1163)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$3,468,191) (GR \$3,284,337 and FED \$183,854 PSD) reduction of estimated lapse

GOVERNOR:

Core reduction: (\$207,007) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

Core reduction: (\$5,846,614) (GR \$822,810 and FED \$5,023,804 PSD) reduction of estimated lapse

HOUSE:

Core reduction: (\$667,624) GR PSD reduction of estimated lapse based on December end-of-month projections

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.730												
Premium Payments - 830215B												
Core												
General Revenue	125,531,257	0.00	112,013,018	0.00	130,235,217	0.00	126,950,880	0.00	126,128,070	0.00	125,460,446	0.00
Program-Specific	125,531,257	0.00	112,013,018	0.00	130,235,217	0.00	126,950,880	0.00	126,128,070	0.00	125,460,446	0.00
Federal Funds	267,726,812	0.00	232,620,541	0.00	251,875,949	0.00	251,692,095	0.00	246,461,284	0.00	246,461,284	0.00
Program-Specific	267,726,812	0.00	232,620,541	0.00	251,875,949	0.00	251,692,095	0.00	246,461,284	0.00	246,461,284	0.00
Total	\$393,258,069	0.00	\$344,633,559	0.00	\$382,111,166	0.00	\$378,642,975	0.00	\$372,589,354	0.00	\$371,921,730	0.00
Premium Increase - NOP.83B.005												
General Revenue	0	0.00	0	0.00	0	0.00	12,461,559	0.00	11,961,238	0.00	11,961,238	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	12,461,559	0.00	11,961,238	0.00	11,961,238	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	24,961,857	0.00	24,029,883	0.00	24,029,883	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	24,961,857	0.00	24,029,883	0.00	24,029,883	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$37,423,416	0.00	\$35,991,121	0.00	\$35,991,121	0.00
Medicare Part A and Part B premiums are adjusted each January by the federal government. Current premium rates (effective January 2025) are \$518.00 per month for Part A and \$185.00 per month for Part B. Beginning January 2026, Part A rates are increasing by \$47, while Part B rates are increasing by \$17.90. Beginning January 2027, Part A rates are assumed to increase \$10, while Part B premium rates are assumed to increase \$20. This request is for the last six months of funding for the calendar year 2026 premium, and the first six months of funding for the expected premium increase for calendar year 2027.												
The Federal Authority is Social Security Act Section 1905(p)(1), 1902(a)(10), and 1906 and Federal Regulations 42 CFR 406.26 and 431.625. The State Authority is Section 208.153, RSMo.												
FMAP Adjustment - SWO.GV.001												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	207,007	0.00	207,007	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	207,007	0.00	207,007	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$207,007	0.00	\$207,007	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Premium Payments	\$393,258,069	0.00	\$344,633,559	0.00	\$382,111,166	0.00	\$416,066,391	0.00	\$408,787,482	0.00	\$408,119,858	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.735 – MO HealthNet Division – Nursing Facilities

Book 6, Page 1405

Description: This core is for ongoing funding of payments for nursing facility services provided to MO HealthNet participants. Providers are reimbursed for MO HealthNet participants based on the participants' days of care multiplied by the facility's Title XIX per diem rate, less any patient surplus (i.e., funds contributed by the participant). A per diem rate is established for each nursing facility by the Institutional Reimbursement Unit (IRU) of the MO HealthNet Division (MHD) utilizing a prospective reimbursement system. A prospective rate is established on a particular cost report year and may be adjusted in subsequent years for various items, such as acuity adjustments, quality measures, or global per diem adjustments granted to the industry as a whole. Rates may be recalculated on a more recent cost report year, which is referred to as rebasing. Nursing facility reimbursement was transformed in FY 2023 by rebasing nursing facility rates and modifying the reimbursement methodology.

Legal Base: State Statute: Sections 208.153, 208.159, 208.201, and 660.017, RSMo.; Federal Law: Social Security Act Section 1905(a) (4). Federal Regulation: 42 CFR 440.40 and 440.210

Funding Sources: General Revenue (1101), Title XIX-Federal Fund (1163), Uncompensated Care Fund (1108), and Third Party Liability Collections Fund (1120)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction:	(\$1,287,223) GR PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item
Core reduction:	(\$10,000,000) (GR \$3,556,000 and FED \$6,444,000 PSD) reduction due to generated savings for the program
Core reduction:	(\$10,000,000) (GR \$3,556,000 and FED \$6,444,000 PSD) reduction due to cost avoidance in nursing facilities from audits on minimum data set data reviews
Core reduction:	(\$9,500,000) GR PSD reduction of General Revenue (1101) due to increased authority from the Nursing Facility Federal Reimbursement Allowance Fund (1196) – see New Decision Item

HOUSE:

Core reduction:	(\$20,000,000) GR PSD reduction due to an estimated shortfall of Disproportionate Share Hospital (DSH) receipts (Governor Amendment #2027-11)
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SENATE:

CONFERENCE:

Dept Of Social Services												
	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.735												
Nursing Facilities - 830216B												
Core												
General Revenue	293,637,220	0.00	303,480,979	0.00	336,793,119	0.00	336,793,119	0.00	318,893,886	0.00	298,893,886	0.00
Program-Specific	293,637,220	0.00	303,480,979	0.00	336,793,119	0.00	336,793,119	0.00	318,893,886	0.00	298,893,886	0.00
Federal Funds	662,813,015	0.00	699,329,578	0.00	728,751,844	0.00	728,751,844	0.00	715,863,844	0.00	715,863,844	0.00
Program-Specific	662,813,015	0.00	699,329,578	0.00	728,751,844	0.00	728,751,844	0.00	715,863,844	0.00	715,863,844	0.00
Other Funds	65,509,459	0.00	65,509,459	0.00	65,509,459	0.00	65,509,459	0.00	65,509,459	0.00	65,509,459	0.00
Program-Specific	65,509,459	0.00	65,509,459	0.00	65,509,459	0.00	65,509,459	0.00	65,509,459	0.00	65,509,459	0.00
Total	\$1,021,959,694	0.00	\$1,068,320,016	0.00	\$1,131,054,422	0.00	\$1,131,054,422	0.00	\$1,100,267,189	0.00	\$1,080,267,189	0.00
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	25,136,663	0.00	35,296,830	0.00	45,619,599	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	25,136,663	0.00	35,296,830	0.00	45,619,599	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	45,831,528	0.00	68,094,824	0.00	50,322,275	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	45,831,528	0.00	68,094,824	0.00	50,322,275	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$70,968,191	0.00	\$103,391,654	0.00	\$95,941,874	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
NFRA Authority Increase - NOP.GV.094												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	9,500,000	0.00	9,500,000	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	9,500,000	0.00	9,500,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$9,500,000	0.00	\$9,500,000	0.00
Additional authority for the Nursing Facility Reimbursement Allowance (NFRA) Fund to support nursing facility costs previously funded with general revenue (GR).												
FMAP Adjustment - SWO.GV.001												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	1,287,233	0.00	1,287,233	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	1,287,233	0.00	1,287,233	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$1,287,233	0.00	\$1,287,233	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Nursing Facilities	\$1,021,959,694	0.00	\$1,068,320,016	0.00	\$1,131,054,422	0.00	\$1,202,022,613	0.00	\$1,214,446,076	0.00	\$1,186,996,296	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.735 – MO HealthNet Division – Nursing Facility Value-Based Payments

Book 6, Page 1416

Description: This is for the rebasing of nursing facility rates. This section provides funding that provides value-based incentive payments to nursing facilities.

Legal Base: State Statute: Sections 208.153, 208.159, 208.201, and 660.017, RSMo.; Federal Law: Social Security Act Section 1905(a) (4). Federal Regulation: 42 CFR 440.40 and 440.210

Funding Sources: General Revenue (1101) and Title XIX-Federal Fund (1163)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$59,476) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.735												
Nf Value Based Payments - 830217B												
Core												
General Revenue	10,922,480	0.00	10,594,806	0.00	12,271,136	0.00	12,271,136	0.00	12,271,136	0.00	12,271,136	0.00
Program-Specific	10,922,480	0.00	10,594,806	0.00	12,271,136	0.00	12,271,136	0.00	12,271,136	0.00	12,271,136	0.00
Federal Funds	20,736,882	0.00	20,736,882	0.00	22,507,067	0.00	22,507,067	0.00	22,447,591	0.00	22,447,591	0.00
Program-Specific	20,736,882	0.00	20,736,882	0.00	22,507,067	0.00	22,507,067	0.00	22,447,591	0.00	22,447,591	0.00
Total	\$31,659,362	0.00	\$31,331,688	0.00	\$34,778,203	0.00	\$34,778,203	0.00	\$34,718,727	0.00	\$34,718,727	0.00
FMAP Adjustment - SWO.GV.001												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	59,476	0.00	59,476	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	59,476	0.00	59,476	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$59,476	0.00	\$59,476	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Nf Value Based Payments	\$31,659,362	0.00	\$31,331,688	0.00	\$34,778,203	0.00	\$34,778,203	0.00	\$34,778,203	0.00	\$34,778,203	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.735 – MO HealthNet Division – Home Health

Book 6, Page 1423

Description: This item funds payments for services provided through the Home Health program for the fee-for-service MO HealthNet population. This program is designed to help MO HealthNet participants remain in their home instead of seeking institutional care through the provision of clinical (or “skilled”) medical services. Home Health services are also available through the MO HealthNet Managed Care health plans.

Legal Base: State Statute: Section 208.152 RSMo.; Federal Regulation: 42 CFR 440.70 and 440.210; Social Security Act Sections: 1905(a) (7)

Fund Sources: General Revenue (1101), Title XIX-Federal Fund (1163), and Health Initiatives Fund (1275)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$107,872) GR PSD reduction of estimated lapse

GOVERNOR:

Core reduction: (\$73,930) GR PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

Core reduction: (\$130,747) (GR \$75,962 and FED \$54,785 PSD) reduction of estimated lapse

HOUSE:

Core reduction: (\$8,369) GR PSD reduction of estimated lapse based on December end-of-month projections

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.735												
Home Health - 830218B												
Core												
General Revenue	1,295,661	0.00	868,145	0.00	1,101,019	0.00	993,147	0.00	843,255	0.00	834,886	0.00
Program-Specific	1,295,661	0.00	868,145	0.00	1,101,019	0.00	993,147	0.00	843,255	0.00	834,886	0.00
Federal Funds	2,691,427	0.00	1,955,525	0.00	1,889,495	0.00	1,889,495	0.00	1,834,710	0.00	1,834,710	0.00
Program-Specific	2,691,427	0.00	1,955,525	0.00	1,889,495	0.00	1,889,495	0.00	1,834,710	0.00	1,834,710	0.00
Other Funds	159,305	0.00	159,305	0.00	159,305	0.00	159,305	0.00	159,305	0.00	159,305	0.00
Program-Specific	159,305	0.00	159,305	0.00	159,305	0.00	159,305	0.00	159,305	0.00	159,305	0.00
Total	\$4,146,393	0.00	\$2,982,974	0.00	\$3,149,819	0.00	\$3,041,947	0.00	\$2,837,270	0.00	\$2,828,901	0.00
MO HealthNet CTC - NOP.83B.030												
Federal Funds	0	0.00	0	0.00	0	0.00	198,920	0.00	0	0.00	64,645	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	198,920	0.00	0	0.00	64,645	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$198,920	0.00	\$0	0.00	\$64,645	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
FMAP Adjustment - SWO.GV.001												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	73,930	0.00	73,930	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	73,930	0.00	73,930	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$73,930	0.00	\$73,930	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Home Health	\$4,146,393	0.00	\$2,982,974	0.00	\$3,149,819	0.00	\$3,240,867	0.00	\$2,911,200	0.00	\$2,967,476	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.740 – MO HealthNet Division – Nursing Facility Reimbursement Allowance Payments

Book 6, Page 1430

Description: This core request is for ongoing funding of payments for nursing facility services provided to MO HealthNet participants. This item funds the portion of the per diem rate paid to nursing facilities that is funded through the Nursing Facility Reimbursement Allowance (NFRA). Funds from this core are used to provide enhanced payment rates for improving the quality of patient care using the NFRA under Title XIX of the Social Security Act as a General Revenue equivalent.

Legal Base: State Statute: Section 198.401, RSMo.; Federal Law: Social Security Act, Section 1903(w); Federal Regulation: 42 CFR 433, Subpart B

Funding Sources: Title XIX-Federal Fund (1163) and Nursing Facility Reimbursement Allowance Fund (1196)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$3,561,981) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

HOUSE:

Core reduction: (\$13,136,479) FED PSD reduction of estimated lapse

SENATE:

CONFERENCE:

Dept Of Social Services												
	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.740												
Nursing Facility Provider Tax - 830366B												
Core												
Federal Funds	244,303,447	0.00	214,468,508	0.00	244,303,447	0.00	244,303,447	0.00	240,741,466	0.00	227,604,987	0.00
Program-Specific	244,303,447	0.00	214,468,508	0.00	244,303,447	0.00	244,303,447	0.00	240,741,466	0.00	227,604,987	0.00
Other Funds	128,678,915	0.00	113,211,805	0.00	128,678,915	0.00	128,678,915	0.00	128,678,915	0.00	128,678,915	0.00
Program-Specific	128,678,915	0.00	113,211,805	0.00	128,678,915	0.00	128,678,915	0.00	128,678,915	0.00	128,678,915	0.00
Total	\$372,982,362	0.00	\$327,680,313	0.00	\$372,982,362	0.00	\$372,982,362	0.00	\$369,420,381	0.00	\$356,283,902	0.00
FMAP Adjustment - SWO.GV.001												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	3,561,981	0.00	3,561,981	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	3,561,981	0.00	3,561,981	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$3,561,981	0.00	\$3,561,981	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Nursing Facility Provider Tax	\$372,982,362	0.00	\$327,680,313	0.00	\$372,982,362	0.00	\$372,982,362	0.00	\$372,982,362	0.00	\$359,845,883	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.745 – MO HealthNet Division – Assisted Living Facility Rehab and Preventive Care Services

Book 6, Page 1435

Description: This program provides rehabilitative and preventative care services ordered by a physician and delivered by an Assisted Living Facility (ALF). These facilities are for people who need help with daily care, but not necessarily as much help as a nursing home provides. Typically, ALF residents have access to services such as meals, assistance with personal care, help with medications, housekeeping and laundry, 24-hour supervision, security, and on-site staff. Assisted Living qualifies for additional reimbursement if it provides additional services. ALF services are covered by the MO HealthNet Division (MHD) and are paid through individual physicians through the Physician program (HB 11.715). This program can receive additional funding through flex language in the appropriation bill from the Supplemental Nursing Care program (HB 11.210).

Legal Base: HB 11

Fund Sources: General Revenue (1101) and Title XIX-Federal Fund (1163)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

No core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.745												
Asst Living Fac Rehab Prev Cr - 830395B												
Core												
General Revenue	1	0.00	0	0.00	1	0.00	1	0.00	1	0.00	1	0.00
Program-Specific	1	0.00	0	0.00	1	0.00	1	0.00	1	0.00	1	0.00
Federal Funds	1	0.00	0	0.00	1	0.00	1	0.00	1	0.00	1	0.00
Program-Specific	1	0.00	0	0.00	1	0.00	1	0.00	1	0.00	1	0.00
Total	\$2	0.00	\$0	0.00	\$2	0.00	\$2	0.00	\$2	0.00	\$2	0.00
Total - Asst Living Fac Rehab Prev Cr	\$2	0.00	\$0	0.00	\$2	0.00	\$2	0.00	\$2	0.00	\$2	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.750 – MO HealthNet Division – Long-Term Support Payments

Book 6, Page 1441

Description: This program provides additional reimbursement to qualifying public nursing facilities for their unreimbursed costs, subject to the upper payment limit (UPL). State Medicaid programs cannot pay nursing facilities more than what Medicare would have paid (i.e., Medicare UPL) in the aggregate for the different ownership/operating categories of nursing facilities (i.e., state government, non-state government, and private).

Legal Base: State Statute: Section 208.201, RSMo.; Federal Regulation: 42 CFR, 447.272

Fund Sources: Title XIX-Federal Fund (1163) and Long Term Support UPL Fund (1724)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$12,320) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.750												
Long Term Support Payments - 830222B												
Core												
Federal Funds	7,172,753	0.00	715,743	0.00	7,080,493	0.00	7,080,493	0.00	7,068,173	0.00	7,068,173	0.00
Program-Specific	7,172,753	0.00	715,743	0.00	7,080,493	0.00	7,080,493	0.00	7,068,173	0.00	7,068,173	0.00
Other Funds	3,778,015	0.00	380,174	0.00	3,870,275	0.00	3,870,275	0.00	3,870,275	0.00	3,870,275	0.00
Program-Specific	3,778,015	0.00	380,174	0.00	3,870,275	0.00	3,870,275	0.00	3,870,275	0.00	3,870,275	0.00
Total	\$10,950,768	0.00	\$1,095,917	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$10,938,448	0.00	\$10,938,448	0.00
FMAP Adjustment - SWO.GV.001												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	12,320	0.00	12,320	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	12,320	0.00	12,320	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$12,320	0.00	\$12,320	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Long Term Support Payments	\$10,950,768	0.00	\$1,095,917	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$10,950,768	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.755 – MO HealthNet Division – Rehabilitation and Specialty Services

Book 7, Page 1447

Description: This item funds rehabilitation and specialty services for the fee-for-service MO HealthNet population. The services funded from this core include: audiology/hearing aid; optical; durable medical equipment (DME); ambulance; physical therapy, occupational therapy, speech therapy, and adaptive training for prosthetic/orthotic devices performed in a rehabilitation center; hospice; comprehensive day rehabilitation for individuals with traumatic brain injuries; and children's residential treatment. Rehabilitation and specialty services are also available through the MO HealthNet Managed Care health plans.

Legal Base: State Statute: Section 208.152, RSMo.; Federal Law: Social Security Act Section 1905(a) (12) and (18), 1905 (o); Federal Regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170

Funding Sources: General Revenue (1101), Title XIX-Federal Fund (1163), Nursing Facility Reimbursement Allowance Fund (1196), Health Initiatives Fund (1275), and Ambulance Service Reimbursement Allowance Fund (1958)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$7,281,550) (FED \$6,638,043 and OTH \$643,507 PSD) reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

Core reduction: (\$10,000,000) (GR \$3,556,000 and FED \$6,444,000 PSD) reduction due to generated savings for the program

Core reduction: (\$975,000) GR PSD of General Revenue (1101) due to increased authority from the Ambulance Service Reimbursement Allowance Fund (1958) – see New Decision Item

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services												
	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.755												
Rehab And Specialty Services - 830223B												
Core												
General Revenue	98,678,987	0.00	130,959,287	0.00	117,974,232	0.00	117,974,232	0.00	113,443,232	0.00	113,443,232	0.00
Program-Specific	98,678,987	0.00	130,959,287	0.00	117,974,232	0.00	117,974,232	0.00	113,443,232	0.00	113,443,232	0.00
Federal Funds	224,697,246	0.00	254,707,743	0.00	253,101,491	0.00	253,101,491	0.00	240,019,448	0.00	240,019,448	0.00
Program-Specific	224,697,246	0.00	254,707,743	0.00	253,101,491	0.00	253,101,491	0.00	240,019,448	0.00	240,019,448	0.00
Other Funds	11,768,733	0.00	6,426,226	0.00	11,768,733	0.00	11,768,733	0.00	11,125,226	0.00	11,125,226	0.00
Program-Specific	11,768,733	0.00	6,426,226	0.00	11,768,733	0.00	11,768,733	0.00	11,125,226	0.00	11,125,226	0.00
Total	\$335,144,966	0.00	\$392,093,256	0.00	\$382,844,456	0.00	\$382,844,456	0.00	\$364,587,906	0.00	\$364,587,906	0.00
Hospice Rate Increase - NOP.83B.004												
General Revenue	0	0.00	0	0.00	0	0.00	152,747	0.00	152,296	0.00	152,296	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	152,747	0.00	152,296	0.00	152,296	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	276,799	0.00	277,250	0.00	277,250	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	276,799	0.00	277,250	0.00	277,250	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$429,546	0.00	\$429,546	0.00	\$429,546	0.00
Hospice rates are required to be updated each year based on rates provided by the Centers for Medicare & Medicaid Services (CMS), per language in Federal Regulation 42 CFR 418. This NDI is based on an estimated 2.8% increase. MO HealthNet reimbursement for hospice care is made at one of four predetermined rates for each day in which an individual is under the care of the hospice. The four levels of care are routine home care, continuous home care, inpatient respite care, or general inpatient care. The rate paid for any day may vary, depending on the level of care furnished. Payment rates are adjusted for regional differences in wages.												
SB 79 Hearing Aid Services - NOP.83B.016												
General Revenue	0	0.00	0	0.00	0	0.00	822,793	0.00	820,363	0.00	820,363	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	822,793	0.00	820,363	0.00	820,363	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	1,491,022	0.00	1,493,452	0.00	1,493,452	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	1,491,022	0.00	1,493,452	0.00	1,493,452	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$2,313,815	0.00	\$2,313,815	0.00	\$2,313,815	0.00
In SFY 2025, the General Assembly Truly Agreed and Finally Passed Senate Bill 79 (Fiscal Note 0769-09T). Within the language of this bill, it included language on expanding eligibility of Hearing Aid and Cochlear Implant Services. Due to the timing of obtaining a State Plan Amendment (SPA) and waiver for this legislation, MHD assumes additional costs for hearing aid and cochlear implant services will begin in FY27.												
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	22,898,297	0.00	24,001,780	0.00	23,765,503	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	22,898,297	0.00	24,001,780	0.00	23,765,503	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	21,776,757	0.00	24,962,323	0.00	24,531,528	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	21,776,757	0.00	24,962,323	0.00	24,531,528	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$44,675,054	0.00	\$48,964,103	0.00	\$48,297,031	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
AFRA Authority Increase - NOP.GV.092												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	975,000	0.00	975,000	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	975,000	0.00	975,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$975,000	0.00	\$975,000	0.00
Additional authority for the Ambulance Service Reimbursement Allowance (AFRA) Fund to support Rehabilitation and Specialty Services program costs previously funded with general revenue (GR).												
FMAP Adjustment - SWO.GV.001												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	6,638,043	0.00	6,638,043	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	6,638,043	0.00	6,638,043	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	643,507	0.00	643,507	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	643,507	0.00	643,507	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$7,281,550	0.00	\$7,281,550	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Rehab And Specialty Services	\$335,144,966	0.00	\$392,093,256	0.00	\$382,844,456	0.00	\$430,262,871	0.00	\$424,551,920	0.00	\$423,884,848	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.755 – MO HealthNet Division – Non-Emergency Medical Transportation (NEMT)

Book 7, Page 1460

Description: This section provides funding for Non-Emergency Medical Transportation (NEMT) for the fee-for-service program. The purpose of the NEMT program is to ensure transportation services to MO HealthNet participants who do not otherwise have access to appropriate transportation to and from scheduled MO HealthNet-covered services.

Legal Base: State Statute: Section 208.152, RSMo.; Federal Regulation: 42 CFR 431.53 and 440.170

Funding Sources: General Revenue (1101) and Title XIX-Federal Fund (1163)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$3,267,237) (GR \$624,739 and FED \$2,642,498 PSD) reduction of estimated lapse

GOVERNOR:

Core reduction: (\$61,317) GR PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

Core reduction: (\$1,995,557) (GR \$769,871 and FED \$1,225,686 PSD) reduction of estimated lapse

HOUSE:

Core reduction: (\$279,922) (GR \$99,149 and FED \$180,773 PSD) reduction of estimated lapse based on December end-of-month projections

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.755												
Non-Emergency Transport - 830225B												
Core												
General Revenue	19,113,698	0.00	19,970,431	0.00	21,390,544	0.00	20,765,805	0.00	19,934,617	0.00	19,835,468	0.00
Program-Specific	19,113,698	0.00	19,970,431	0.00	21,390,544	0.00	20,765,805	0.00	19,934,617	0.00	19,835,468	0.00
Federal Funds	37,812,096	0.00	38,927,390	0.00	42,828,688	0.00	40,186,190	0.00	38,960,504	0.00	38,779,731	0.00
Program-Specific	37,812,096	0.00	38,927,390	0.00	42,828,688	0.00	40,186,190	0.00	38,960,504	0.00	38,779,731	0.00
Total	\$56,925,794	0.00	\$58,897,821	0.00	\$64,219,232	0.00	\$60,951,995	0.00	\$58,895,121	0.00	\$58,615,199	0.00
NEMT Actuarial Increase - NOP.83B.008												
General Revenue	0	0.00	0	0.00	0	0.00	821,068	0.00	818,644	0.00	818,644	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	821,068	0.00	818,644	0.00	818,644	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	1,487,897	0.00	1,490,321	0.00	1,490,321	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	1,487,897	0.00	1,490,321	0.00	1,490,321	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$2,308,965	0.00	\$2,308,965	0.00	\$2,308,965	0.00
Funding is needed for the Non-Emergency Medical Transportation (NEMT) contract cost increase. The cost increase is attributed to the increase needed to maintain actuarial soundness in SFY 27. Federal regulation 42 CFR 438.4 requires the capitation payments be actuarially sound.												
The purpose of the NEMT program is to ensure non-emergency medical transportation to scheduled MO HealthNet covered services for MO HealthNet participants in the fee-for-service program who do not have access to free and appropriate transportation. The participant is to be provided with the most appropriate mode of transportation. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT participant, based on eligibility group, and which of the four regions of the state the participant resides.												
FMAP Adjustment - SWO.GV.001												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	61,317	0.00	61,317	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	61,317	0.00	61,317	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$61,317	0.00	\$61,317	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Non-Emergency Transport	\$56,925,794	0.00	\$58,897,821	0.00	\$64,219,232	0.00	\$63,260,960	0.00	\$61,265,403	0.00	\$60,985,481	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.760 – MO HealthNet Division – Ground Emergency Medical Transportation (GEMT)

Book 7, Page 1472

Description: This core request is to provide funding for payments for Ground Emergency Medical Transportation (GEMT) for the fee-for-service program. The GEMT program is a voluntary program that makes supplemental payments to eligible GEMT providers who furnish qualifying emergency ambulance services to Department of Social Services, MO HealthNet Division (MHD) participants. Providers must agree to fund the non-federal share of GEMT uncompensated cost reimbursement using an intergovernmental transfer (IGT) payment method. MHD will make supplemental payments to qualifying ambulance providers up to the amount uncompensated by all other sources of reimbursement. Total reimbursement from MHD, including the supplemental payment, will not exceed one hundred percent of actual costs.

Legal Base: State Statute: Section 208.1030 and 208.1032, RSMo.; Senate Bill 607 passed by the 98th General Assembly in 2016; Federal Regulation: Section 433.316 of Title 42

Funding Sources: Title XIX-Federal Fund (1163) and Ground Emergency Medical Transportation Fund (1422)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$94,455) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

HOUSE:

Core reduction: (\$41,535,423) (FED \$27,065,324 and OTH \$14,470,099 PSD) reduction of estimated lapse

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.760												
Ground Emer Med Transport - 830226B												
Core												
Federal Funds	54,993,961	0.00	61,492	0.00	54,286,596	0.00	54,286,596	0.00	54,192,141	0.00	27,126,817	0.00
Program-Specific	54,993,961	0.00	61,492	0.00	54,286,596	0.00	54,286,596	0.00	54,192,141	0.00	27,126,817	0.00
Other Funds	28,966,285	0.00	26,086	0.00	29,673,650	0.00	29,673,650	0.00	29,673,650	0.00	15,203,551	0.00
Program-Specific	28,966,285	0.00	26,086	0.00	29,673,650	0.00	29,673,650	0.00	29,673,650	0.00	15,203,551	0.00
Total	\$83,960,246	0.00	\$87,578	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$83,865,791	0.00	\$42,330,368	0.00
FMAP Adjustment - SWO.GV.001												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	94,455	0.00	94,455	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	94,455	0.00	94,455	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$94,455	0.00	\$94,455	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Ground Emer Med Transport	\$83,960,246	0.00	\$87,578	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$42,424,823	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.765 – MO HealthNet Division – Complex Rehabilitation Technology Products

Book 7, Page 1478

Description: The Complex Rehab Technology program includes items classified within the Medicare program as Durable Medical Equipment (DME) that are individually configured for individuals to meet their specific and unique medical, physical, and functional capacities for basic and instrumental activities of daily living to prevent hospitalization and/or institutionalization of a patient with complex needs. Such items must be identified as medically necessary and include, but are not limited to, complex rehabilitation power wheelchairs, highly configurable manual wheelchairs, adaptive seating and positioning seats, and other specialized equipment such as standing frames and gait trainers.

Legal Base: State Statute: Section 208.152, RSMo.; Federal Law: Social Security Act Section 1905 (a) (12) and (18), 1905 (o); Federal Regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170

Funding Sources: General Revenue (1101) and Title XIX-Federal Fund (1163)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$383,853) GR PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.765												
Complex Rehab Technlgy Prducts - 830227B												
Core												
General Revenue	5,078,409	0.00	3,688,384	0.00	4,727,278	0.00	4,727,278	0.00	4,343,425	0.00	4,343,425	0.00
Program-Specific	5,078,409	0.00	3,688,384	0.00	4,727,278	0.00	4,727,278	0.00	4,343,425	0.00	4,343,425	0.00
Federal Funds	9,464,621	0.00	7,006,275	0.00	7,523,252	0.00	7,523,252	0.00	7,523,252	0.00	7,523,252	0.00
Program-Specific	9,464,621	0.00	7,006,275	0.00	7,523,252	0.00	7,523,252	0.00	7,523,252	0.00	7,523,252	0.00
Total	\$14,543,030	0.00	\$10,694,659	0.00	\$12,250,530	0.00	\$12,250,530	0.00	\$11,866,677	0.00	\$11,866,677	0.00
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	827,529	0.00	186,408	0.00	0	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	827,529	0.00	186,408	0.00	0	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	2,542,883	0.00	1,425,866	0.00	924,490	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	2,542,883	0.00	1,425,866	0.00	924,490	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$3,370,412	0.00	\$1,612,274	0.00	\$924,490	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
FMAP Adjustment - SWO.GV.001												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	383,853	0.00	383,853	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	383,853	0.00	383,853	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$383,853	0.00	\$383,853	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Complex Rehab Technlgy Prducts	\$14,543,030	0.00	\$10,694,659	0.00	\$12,250,530	0.00	\$15,620,942	0.00	\$13,862,804	0.00	\$13,175,020	0.00

DEPARTMENT OF SOCIAL SERVICES
Section 11.770 – MO HealthNet Division – Managed Care

Book 7, Page 1485

Description: The MO HealthNet Division operates a Health Maintenance Organization (HMO) style managed care program in which the state of Missouri contracts with MO HealthNet Managed Care health plans (also referred to as Managed Care Organizations (MCOs)). The MO HealthNet Managed Care health plans provide health care services to enrollees and are paid a monthly capitation payment for each enrollee they serve. MO HealthNet Managed Care's objectives are to provide the means to ensure access, manage and coordinate benefits, and monitor quality of care and outcomes while controlling costs. As of May 1, 2017, statewide participation in MO HealthNet Managed Care is mandatory for the following MO HealthNet eligibility groups: MO HealthNet for Families - Adults and Children; MO HealthNet for Children; MO HealthNet for Pregnant Women; Children's Health Insurance Program (CHIP); Show Me Healthy Kids (SMHK); Show Me Healthy Babies Program (SMHB).

Legal Base: State Statute: Section 208.166, RSMo.; Federal Law: Social Security Act Sections 1902(a) (4), 1903 (m), 1915 (b), 1932; Federal Regulation: 42 CFR 438 and 412.106
Funding Sources: General Revenue (1101), Title XIX-Federal Fund (1163), Uncompensated Care Fund (1108), Health Initiatives Fund (1275), Federal Reimbursement Allowance Fund (1142), Healthy Families Trust Fund (1625), Life Sciences Research Trust Fund (1763), Medicaid Stabilization Fund (1809), Premium Fund (1885), and Ambulance Service Reimbursement Allowance Fund (1958)
FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$421,507,198) FED PSD reduction of FY 2026 one-time funding – Fund Switch GR to Medicaid Stabilization NDI – see New Decision Item
Core reallocation within: ±\$4,352,632 (GR \$1,498,587 and FED \$2,854,045 PSD) reallocation within section from Medicare Parity Payments to the main Managed Care appropriations, as services are already included in the rate
Core reallocation: \$460,000,000 (FED \$296,424,000 and OTH \$163,576,000 PSD) reallocation in from HB Section 11.820 – Federal Reimbursement Allowance

GOVERNOR:

Core reduction: (\$18,287,426) (GR \$18,209,652 and FED \$77,774 PSD) reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item
Core reduction: (\$13,000,000) (GR \$3,250,000 and FED \$9,750,000 PSD) reduction due to generated savings for the program

HOUSE:

Core reduction: (\$41,132,645) OTH PSD reduction of excess authority to align with the 2026 tobacco settlement arbitration ruling
Core reduction: (\$10,218,028) FED PSD reduction of estimated lapse for the Supplemental Payments to Tier 1 Safety Net Hospitals

SENATE:

CONFERENCE:

Dept Of Social Services												
	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 - Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.770												
Managed Care - 830228B												
Core												
General Revenue	457,596,344	0.00	392,504,452	0.00	26,778,476	0.00	26,778,476	0.00	5,318,824	0.00	5,318,824	0.00
Program-Specific	457,596,344	0.00	392,504,452	0.00	26,778,476	0.00	26,778,476	0.00	5,318,824	0.00	5,318,824	0.00
Federal Funds	1,407,652,984	0.00	1,261,656,966	0.00	1,709,295,168	0.00	1,584,211,970	0.00	1,574,384,196	0.00	1,564,166,168	0.00
Program-Specific	1,407,652,984	0.00	1,261,656,966	0.00	1,709,295,168	0.00	1,584,211,970	0.00	1,574,384,196	0.00	1,564,166,168	0.00
Other Funds	284,658,047	0.00	272,588,651	0.00	285,240,490	0.00	448,816,490	0.00	448,816,490	0.00	407,683,845	0.00
Program-Specific	284,658,047	0.00	272,588,651	0.00	285,240,490	0.00	448,816,490	0.00	448,816,490	0.00	407,683,845	0.00
Total	\$2,149,907,375	0.00	\$1,926,750,069	0.00	\$2,021,314,134	0.00	\$2,059,806,936	0.00	\$2,028,519,510	0.00	\$1,977,168,837	0.00
GR Pickup for Managed Care - NOP.83B.002												
General Revenue	0	0.00	0	0.00	0	0.00	421,507,198	0.00	375,507,198	0.00	375,507,198	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	421,507,198	0.00	375,507,198	0.00	375,507,198	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$421,507,198	0.00	\$375,507,198	0.00	\$375,507,198	0.00
For SFY 2026, the General Assembly appropriated one-time funding in the Medicaid Stabilization Fund (1809) for the amount of \$421,507,198 in the Managed Care Appropriation Bill section (AB 11.770) to function as a State Share supplement in lieu of General Revenue. Beginning in SFY 2027, General Revenue funding is needed as an ongoing appropriation versus a one-time appropriation.												
Managed Care Actuarial - NOP.83B.006												
General Revenue	0	0.00	0	0.00	0	0.00	63,197,536	0.00	63,010,929	0.00	31,505,465	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	63,197,536	0.00	63,010,929	0.00	31,505,465	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	114,523,318	0.00	114,709,925	0.00	57,354,963	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	114,523,318	0.00	114,709,925	0.00	57,354,963	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$177,720,854	0.00	\$177,720,854	0.00	\$88,860,428	0.00
This NDI is needed to fund an increase for managed care medical services, including the Managed Care, Adult Expansion Group (AEG), Managed Care Specialty Plan, CHIP, and Show Me Healthy Babies (SMHB) populations. The FY27 rates are based on an estimated budget trend developed utilizing actuarial standards which consider historical trends in utilization and inflation, budget and legislative changes, and federal requirements.												
MO HealthNet needs to maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. The Federal Authority is Social Security Act Section 1915(b) and 1115 Waiver. The Federal Regulation is 42 CFR 438-Managed Care, and the State Authority is Section 208.166, RSMo. Final federal rules and regulations published June 14, 2002, effective August 13, 2003, require that capitation payments made on behalf of managed care participants be actuarially sound. Further, the state must provide the actuarial certification of the capitation rates to the CMS. The CMS Regional Office must review and approve all contracts for managed care as a condition for federal financial participation.												
SB 79 Hearing Aid Services - NOP.83B.016												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	1,204,335	0.00	1,204,335	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	1,204,335	0.00	1,204,335	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	2,188,898	0.00	2,192,465	0.00	2,192,465	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	2,188,898	0.00	2,192,465	0.00	2,192,465	0.00
Other Funds	0	0.00	0	0.00	0	0.00	1,207,902	0.00	0	0.00	0	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	1,207,902	0.00	0	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$3,396,800	0.00	\$3,396,800	0.00	\$3,396,800	0.00

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
In SFY 2025, the General Assembly Truly Agreed and Finally Passed Senate Bill 79 (Fiscal Note 0769-09T). Within the language of this bill, it included language on expanding eligibility of Hearing Aid and Cochlear Implant Services. Due to the timing of obtaining a State Plan Amendment (SPA) and waiver for this legislation, MHD assumes additional costs for hearing aid and cochlear implant services will begin in FY27.												
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	56,778,542	0.00	93,126,785	0.00	80,642,901	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	56,778,542	0.00	93,126,785	0.00	80,642,901	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	144,766,223	0.00	217,366,877	0.00	181,774,626	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	144,766,223	0.00	217,366,877	0.00	181,774,626	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$201,544,765	0.00	\$310,493,662	0.00	\$262,417,527	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
Tobacco Settlement GR Pickup - NOP.GV.100												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	36,232,743	0.00	36,232,743	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	36,232,743	0.00	36,232,743	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$36,232,743	0.00	\$36,232,743	0.00
For various MO HealthNet programs to offset anticipated reductions in tobacco settlement funding.												
Average Commercial Rate - NOP.GV.103												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	63,076,250	0.00	63,076,250	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	63,076,250	0.00	63,076,250	0.00
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	34,807,441	0.00	34,807,441	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	34,807,441	0.00	34,807,441	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$97,883,691	0.00	\$97,883,691	0.00
The funding for this NDI would provide a value-based payment equivalent up to the average commercial rate (ACR) to state and non-state government hospitals based on health outcome measures. The state share would be sourced by local match intergovernmental transfers (IGT).												
FMAP Adjustment - SWO.GV.001												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	18,209,652	0.00	18,209,652	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	18,209,652	0.00	18,209,652	0.00
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	77,774	0.00	77,774	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	77,774	0.00	77,774	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$18,287,426	0.00	\$18,287,426	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Managed Care	\$2,149,907,375	0.00	\$1,926,750,069	0.00	\$2,021,314,134	0.00	\$2,863,976,553	0.00	\$3,048,041,884	0.00	\$2,859,754,650	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.770 – MO HealthNet Division – Managed Care General Plan – Public Ground Emergency Medical Transportation Services

Book 7, Page 1498

Description: This funding is for payments to providers of public ground emergency medical transportation (GEMT) when providing services to people paid for under this section.

Legal Base: State Statute: Sections 208.1030 and 208.1032, RSMo.

Funding Sources: Title XIX-Federal Fund (1163) and Ground Emergency Medical Transportation Fund (1422)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$378,419) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

HOUSE:

Core reduction: (\$12,787,978) FED PSD reduction of estimated lapse

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.770												
Mc General Plan Public Gemt - 830367B												
Core												
Federal Funds	25,954,375	0.00	0	0.00	25,954,375	0.00	25,954,375	0.00	25,575,956	0.00	12,787,978	0.00
Program-Specific	25,954,375	0.00	0	0.00	25,954,375	0.00	25,954,375	0.00	25,575,956	0.00	12,787,978	0.00
Other Funds	13,670,624	0.00	0	0.00	13,670,624	0.00	13,670,624	0.00	13,670,624	0.00	13,670,624	0.00
Program-Specific	13,670,624	0.00	0	0.00	13,670,624	0.00	13,670,624	0.00	13,670,624	0.00	13,670,624	0.00
Total	\$39,624,999	0.00	\$0	0.00	\$39,624,999	0.00	\$39,624,999	0.00	\$39,246,580	0.00	\$26,458,602	0.00
Public GEMT - NOP.83B.001												
Federal Funds	0	0.00	0	0.00	0	0.00	8,772,340	0.00	8,828,925	0.00	7,761,914	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	8,772,340	0.00	8,828,925	0.00	7,761,914	0.00
Other Funds	0	0.00	0	0.00	0	0.00	5,492,660	0.00	5,436,075	0.00	4,779,104	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	5,492,660	0.00	5,436,075	0.00	4,779,104	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$14,265,000	0.00	\$14,265,000	0.00	\$12,541,018	0.00
The Ground Emergency Medical Transportation (GEMT) Program is a voluntary program that makes supplemental payments to eligible GEMT providers who furnish qualifying emergency ambulance services to MO HealthNet Division (MHD) participants. Emergency ambulance services owned or operated by units of government serve a disproportionately high number of Medicaid recipients. This payment will offset a portion of unreimbursed costs these agencies incur in providing services to Medicaid enrollees. The payment has been designed to reimburse up to 100% of allowable statewide Medicaid costs. Payments required under this payment arrangement will only be made for Medicaid services on behalf of Medicaid beneficiaries covered under the MO HealthNet contract. Providers fund the non-federal share of GEMT uncompensated cost reimbursement using an intergovernmental transfer (IGT) payment method. MO HealthNet will then issue a separate payment to each Medicaid health plan based on the increase calculated for ambulance services provided to the health plan's enrollees. Medicaid health plans will provide a uniform dollar increase per transport for Medicaid services provided by participating emergency medical transportation providers owned or operated by a unit of government. The directed payment will be a flat payment per transport to be paid in addition to the negotiated fee schedule between the Medicaid health plans and providers. The directed payment will occur retroactively to each health plan based on actual encounters with a date of service during the previous six months. Funds are needed for the Public GEMT program to provide supplemental payments to the State's essential GEMT providers. This CMS-approved payment methodology is consistent with 42 CFR 438.6(c). GEMT Program authority is found in Section 208.1030 and 208.1032 RSMo, 13 CSR 70-6.020; and State Plan Amendment 17-009.												
FMAP Adjustment - SWO.GV.001												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	378,419	0.00	378,419	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	378,419	0.00	378,419	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$378,419	0.00	\$378,419	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority. The Federal Authority is Social Security Act 1905(b).												
Total - Mc General Plan Public Gemt	\$39,624,999	0.00	\$0	0.00	\$39,624,999	0.00	\$53,889,999	0.00	\$53,889,999	0.00	\$39,378,039	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.771 – MO HealthNet Division – Hospital and Clinic Projects

Book 7, Page 1523

Description: This section provides one-time funding to clinics and hospitals in Missouri to allow them to purchase medical equipment and/or pay for the construction or renovations for these medical centers.

Legal Base: HB 11
Funding Sources: General Revenue (1101)
FY 2026 GR W/H: \$29,000,000

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction:	(\$15,000,000) GR PSD reduction of FY 2026 one-time funding – Kirksville Hospital NDI
Core reduction:	(\$25,000,000) GR PSD reduction of FY 2026 one-time funding – Bootheel Healthcare Foundation NDI
Core reduction:	(\$2,000,000) GR PSD reduction of FY 2026 one-time funding – Ozark Healthcare-West Plains NDI
Core reduction:	(\$1,000,000) GR PSD reduction of FY 2026 one-time funding – Citizens Memorial Hospital-Bolivar NDI
Core reduction:	(\$2,037,900) GR PSD reduction of FY 2026 one-time funding – Missouri Delta Medical Center-Sikeston NDI
Core reduction:	(\$1,000,000) GR PSD reduction of FY 2026 one-time funding – Community Health Center-Dutchtown NDI

GOVERNOR:

Same as Department – no additional core changes

HOUSE:

Same as Department – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.771												
Hospital And Clinic Projects - 830328B												
Core												
General Revenue	43,686,000	0.00	43,686,000	0.00	46,037,900	0.00	0	0.00	0	0.00	0	0.00
Program-Specific	43,686,000	0.00	43,686,000	0.00	46,037,900	0.00	0	0.00	0	0.00	0	0.00
Federal Funds	5,000,000	0.00	5,000,000	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Program-Specific	5,000,000	0.00	5,000,000	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total	\$48,686,000	0.00	\$48,686,000	0.00	\$46,037,900	0.00	\$0	0.00	\$0	0.00	\$0	0.00
Total - Hospital And Clinic Projects	\$48,686,000	0.00	\$48,686,000	0.00	\$46,037,900	0.00	\$0	0.00	\$0	0.00	\$0	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.773 – MO HealthNet Division – Phelps Health Emergency Room

N/A

Description: This appropriation provides funding for the demolition, planning, design, construction, equipment, and/or renovation needs for an emergency room at Phelps Health in Phelps County.

Legal Base: HB 11
Funding Sources: General Revenue (1101)
FY 2026 GR W/H: N/A

CORE ADJUSTMENTS:

Appropriation authority is no longer needed.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.773												
Phelps Health Emergency Room - 830369B												
Core												
General Revenue	5,000,000	0.00	5,000,000	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Program-Specific	5,000,000	0.00	5,000,000	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total	\$5,000,000	0.00	\$5,000,000	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
Total - Phelps Health Emergency Room	\$5,000,000	0.00	\$5,000,000	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.775 – MO HealthNet Division – Managed Care Specialty Plan

Book 7, Page 1503

Description: This item funds health care services, behavioral health services, and care management and coordination to children in the care and custody of the State of Missouri; children who receive adoption or legal guardianship subsidy assistance; and individuals under the age of 26 who were in foster care on their 18th birthday and were covered by MO HealthNet. This item also funds individuals who were covered by Medicaid from another state, but are not eligible for Medicaid coverage under another mandatory coverage group.

Legal Base: State Statute: Section 208.166, RSMo.; Federal Law: Social Security Act Sections 1902 (a) (4), 1915 (b) and 1115; Federal Regulation: 42 CFR, Part 438

Funding Sources: General Revenue (1101), Title XIX-Federal Fund (1163), Federal Reimbursement Allowance Fund (1142), and Ambulance Service Reimbursement Allowance Fund (1958)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$3,897,672) (GR \$854,204 and FED \$3,043,468 PSD) reduction of estimated lapse
Core reallocation: \$70,000,000 (FED \$45,108,000 and OTH \$24,892,000 PSD) reallocation in from HB Section 11.820 – Federal Reimbursement Allowance

GOVERNOR:

Core reduction: (\$2,779,431) GR PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item
Core reduction: (\$369,212) FED PSD reduction of estimated lapse
Core restoration: \$854,204 GR PSD restoration of estimated lapse – reversed part of the Department’s change

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.775												
Managed Care Specialty Plan - 830231B												
Core												
General Revenue	133,372,192	0.00	103,393,826	0.00	122,441,338	0.00	121,587,134	0.00	119,661,907	0.00	119,661,907	0.00
Program-Specific	133,372,192	0.00	103,393,826	0.00	122,441,338	0.00	121,587,134	0.00	119,661,907	0.00	119,661,907	0.00
Federal Funds	208,328,840	0.00	201,732,381	0.00	221,844,455	0.00	263,908,987	0.00	263,539,775	0.00	263,539,775	0.00
Program-Specific	208,328,840	0.00	201,732,381	0.00	221,844,455	0.00	263,908,987	0.00	263,539,775	0.00	263,539,775	0.00
Other Funds	21,402,611	0.00	21,402,611	0.00	21,402,611	0.00	46,294,611	0.00	46,294,611	0.00	46,294,611	0.00
Program-Specific	21,402,611	0.00	21,402,611	0.00	21,402,611	0.00	46,294,611	0.00	46,294,611	0.00	46,294,611	0.00
Total	\$363,103,643	0.00	\$326,528,817	0.00	\$365,688,404	0.00	\$431,790,732	0.00	\$429,496,293	0.00	\$429,496,293	0.00
Managed Care Actuarial - NOP.83B.006												
General Revenue	0	0.00	0	0.00	0	0.00	10,732,677	0.00	10,704,699	0.00	5,352,350	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	10,732,677	0.00	10,704,699	0.00	5,352,350	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	17,170,341	0.00	17,198,319	0.00	8,599,160	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	17,170,341	0.00	17,198,319	0.00	8,599,160	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$27,903,018	0.00	\$27,903,018	0.00	\$13,951,510	0.00
This NDI is needed to fund an increase for managed care medical services, including the Managed Care, Adult Expansion Group (AEG), Managed Care Specialty Plan, CHIP, and Show Me Healthy Babies (SMHB) populations. The FY27 rates are based on an estimated budget trend developed utilizing actuarial standards which consider historical trends in utilization and inflation, budget and legislative changes, and federal requirements.												
MO HealthNet needs to maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. The Federal Authority is Social Security Act Section 1915(b) and 1115 Waiver. The Federal Regulation is 42 CFR 438-Managed Care, and the State Authority is Section 208.166, RSMo. Final federal rules and regulations published June 14, 2002, effective August 13, 2003, require that capitation payments made on behalf of managed care participants be actuarially sound. Further, the state must provide the actuarial certification of the capitation rates to the CMS. The CMS Regional Office must review and approve all contracts for managed care as a condition for federal financial participation.												
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	5,214,948	0.00	4,816,995	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	5,214,948	0.00	4,816,995	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$5,214,948	0.00	\$4,816,995	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
Average Commercial Rate - NOP.GV.103												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	11,274,361	0.00	11,274,361	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	11,274,361	0.00	11,274,361	0.00
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	6,221,543	0.00	6,221,543	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	6,221,543	0.00	6,221,543	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$17,495,904	0.00	\$17,495,904	0.00

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
The funding for this NDI would provide a value-based payment equivalent up to the average commercial rate (ACR) to state and non-state government hospitals based on health outcome measures. The state share would be sourced by local match intergovernmental transfers (IGT).												
FMAP Adjustment - SWO.GV.001												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	2,779,431	0.00	2,779,431	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	2,779,431	0.00	2,779,431	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$2,779,431	0.00	\$2,779,431	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Managed Care Specialty Plan	\$363,103,643	0.00	\$326,528,817	0.00	\$365,688,404	0.00	\$459,693,750	0.00	\$482,889,594	0.00	\$468,540,133	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.775 – MO HealthNet Division – Managed Care Specialty Plan – Public Ground Emergency Medical Transportation Services

Book 7, Page 1511

Description: This funding is for payments to providers of public ground emergency medical transportation (GEMT) for services provided to people paid for under this section.

Legal Base: State Statute: Sections 208.1030 and 208.1032, RSMo.

Funding Sources: Title XIX-Federal Fund (1163) and Ground Emergency Medical Transportation Fund (1422)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$25,665) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.775												
Mc Specialty Plan Public Gemt - 830368B												
Core												
Federal Funds	1,760,313	0.00	0	0.00	1,760,313	0.00	1,760,313	0.00	1,734,648	0.00	1,734,648	0.00
Program-Specific	1,760,313	0.00	0	0.00	1,760,313	0.00	1,760,313	0.00	1,734,648	0.00	1,734,648	0.00
Other Funds	927,188	0.00	0	0.00	927,188	0.00	927,188	0.00	927,188	0.00	927,188	0.00
Program-Specific	927,188	0.00	0	0.00	927,188	0.00	927,188	0.00	927,188	0.00	927,188	0.00
Total	\$2,687,501	0.00	\$0	0.00	\$2,687,501	0.00	\$2,687,501	0.00	\$2,661,836	0.00	\$2,661,836	0.00
Public GEMT - NOP.83B.001												
Federal Funds	0	0.00	0	0.00	0	0.00	594,970	0.00	598,807	0.00	526,439	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	594,970	0.00	598,807	0.00	526,439	0.00
Other Funds	0	0.00	0	0.00	0	0.00	372,530	0.00	368,693	0.00	324,135	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	372,530	0.00	368,693	0.00	324,135	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$967,500	0.00	\$967,500	0.00	\$850,574	0.00
The Ground Emergency Medical Transportation (GEMT) Program is a voluntary program that makes supplemental payments to eligible GEMT providers who furnish qualifying emergency ambulance services to MO HealthNet Division (MHD) participants. Emergency ambulance services owned or operated by units of government serve a disproportionately high number of Medicaid recipients. This payment will offset a portion of unreimbursed costs these agencies incur in providing services to Medicaid enrollees. The payment has been designed to reimburse up to 100% of allowable statewide Medicaid costs. Payments required under this payment arrangement will only be made for Medicaid services on behalf of Medicaid beneficiaries covered under the MO HealthNet contract. Providers fund the non-federal share of GEMT uncompensated cost reimbursement using an intergovernmental transfer (IGT) payment method. MO HealthNet will then issue a separate payment to each Medicaid health plan based on the increase calculated for ambulance services provided to the health plan's enrollees. Medicaid health plans will provide a uniform dollar increase per transport for Medicaid services provided by participating emergency medical transportation providers owned or operated by a unit of government. The directed payment will be a flat payment per transport to be paid in addition to the negotiated fee schedule between the Medicaid health plans and providers. The directed payment will occur retroactively to each health plan based on actual encounters with a date of service during the previous six months. Funds are needed for the Public GEMT program to provide supplemental payments to the State's essential GEMT providers. This CMS-approved payment methodology is consistent with 42 CFR 438.6(c). GEMT Program authority is found in Section 208.1030 and 208.1032 RSMo, 13 CSR 70-6.020; and State Plan Amendment 17-009.												
FMAP Adjustment - SWO.GV.001												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	25,665	0.00	25,665	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	25,665	0.00	25,665	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$25,665	0.00	\$25,665	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority. The Federal Authority is Social Security Act 1905(b).												
Total - Mc Specialty Plan Public Gemt	\$2,687,501	0.00	\$0	0.00	\$2,687,501	0.00	\$3,655,001	0.00	\$3,655,001	0.00	\$3,538,075	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.780 – MO HealthNet Division – Hospital Services

Book 7, Page 1516

Description: The MO HealthNet Division (MHD) reimburses for inpatient and outpatient hospital services for fee-for-service participants. These services are mandatory Medicaid-covered services and are provided statewide. Inpatient hospital services are medical services provided in a hospital acute or psychiatric care setting for the care and treatment of MO HealthNet participants. Outpatient hospital services include preventive, diagnostic, emergency, therapeutic, rehabilitative, or palliative services provided in an outpatient setting. The listing from DHSS dated 7/7/2025 lists a total of 163 licensed hospitals, which includes 24 additional campus locations and 1 Rural Emergency Hospital, and 6 hospitals that are Psychiatric Residential Treatment Facilities (PRTF).

Legal Base: State Statute: Sections 208.152 and 208.153, RSMo.; Federal Law: Social Security Act Sections 1905(a) (1) and (2), 1923(a)-(f); Federal Regulation: 42 CFR 440.10 and 440.20

Funding Sources: General Revenue (1101), Title XIX-Federal Fund (1163), Federal Reimbursement Allowance Fund (1142), Pharmacy Reimbursement Allowance Fund (1144), and Healthy Families Trust Fund (1625)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$9,845,977) (GR \$9,482,227 and FED \$363,750 PSD) reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

Core reduction: (\$430,000) (FED \$215,000 and OTH \$215,000 E&E) reduction of the Hospital Care Pager Pilot Program and Monitoring Program – eliminates funding for the program

Core reduction: (\$815,000) (GR \$415,000; FED \$200,000; and OTH \$200,000 PSD) reduction of the Hospital Care Pager Pilot Program and Monitoring Program – eliminates funding for the program

Core reduction: (\$12,276,113) (GR \$4,365,386 and FED \$7,910,727 PSD) reduction due to generated savings for the program

Core reduction: (\$21,250,000) GR PSD reduction of General Revenue (1101) due to increased authority from the Federal Reimbursement Allowance Fund (1142) – see New Decision Item

HOUSE:

Core reduction: (\$30,365,444) OTH PSD reduction of excess authority to align with the 2026 tobacco settlement arbitration ruling

SENATE:

CONFERENCE:

Dept Of Social Services												
	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.780												
Hospital Care - 830232B												
Core												
General Revenue	80,658,983	0.00	51,290,426	0.00	70,217,790	0.00	70,217,790	0.00	34,705,177	0.00	34,705,177	0.00
Program-Specific	80,658,983	0.00	51,290,426	0.00	70,217,790	0.00	70,217,790	0.00	34,705,177	0.00	34,705,177	0.00
Federal Funds	409,224,747	0.00	338,151,387	0.00	360,341,089	0.00	360,341,089	0.00	351,651,612	0.00	351,651,612	0.00
Expense & Equipment	215,000	0.00	160,070	0.00	215,000	0.00	215,000	0.00	0	0.00	0	0.00
Program-Specific	409,009,747	0.00	337,991,317	0.00	360,126,089	0.00	360,126,089	0.00	351,651,612	0.00	351,651,612	0.00
Other Funds	143,512,446	0.00	143,418,391	0.00	143,512,446	0.00	143,512,446	0.00	143,097,446	0.00	112,732,002	0.00
Expense & Equipment	215,000	0.00	160,070	0.00	215,000	0.00	215,000	0.00	0	0.00	0	0.00
Program-Specific	143,297,446	0.00	143,258,321	0.00	143,297,446	0.00	143,297,446	0.00	143,097,446	0.00	112,732,002	0.00
Total	\$633,396,176	0.00	\$532,860,205	0.00	\$574,071,325	0.00	\$574,071,325	0.00	\$529,454,235	0.00	\$499,088,791	0.00
OPFS Trend - NOP.83B.018												
General Revenue	0	0.00	0	0.00	0	0.00	2,176,342	0.00	2,169,916	0.00	1,109,008	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	2,176,342	0.00	2,169,916	0.00	1,109,008	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	3,943,856	0.00	3,950,282	0.00	2,018,923	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	3,943,856	0.00	3,950,282	0.00	2,018,923	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$6,120,198	0.00	\$6,120,198	0.00	\$3,127,931	0.00
The MO HealthNet Division (MHD) outpatient regulation (13 CSR 70-15.160) explains that outpatient hospital services shall be reimbursed on a predetermined Fee-for-Service basis using an Outpatient Simplified Fee Schedule (OSFS) based on the Ambulatory Payment Classifications (APC) groups and fees under the Medicare Hospital Outpatient Prospective Payment System (OPPS). The Centers for Medicare & Medicaid Services (CMS) announced an increase to the Medicare OPPS payment rates by 2.4% for CY 2026, which MHD will apply to the rates for SFY27.												
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	21,490,101	0.00	3,297,778	0.00	0	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	21,490,101	0.00	3,297,778	0.00	0	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	64,231,231	0.00	33,634,355	0.00	15,792,868	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	64,231,231	0.00	33,634,355	0.00	15,792,868	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$85,721,332	0.00	\$36,932,133	0.00	\$15,792,868	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
Hospital Care Fund Switch - NOP.GV.088												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	415,000	0.00	415,000	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	415,000	0.00	415,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$415,000	0.00	\$415,000	0.00
Additional authority for the Federal Reimbursement Allowance (FRA) Fund to support Hospital program costs previously funded with general revenue (GR).												

*Does not include Supplementals.

Dept Of Social Services												
	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Tobacco Settlement GR Pickup - NOP.GV.100												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	29,487,659	0.00	29,487,659	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	29,487,659	0.00	29,487,659	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$29,487,659	0.00	\$29,487,659	0.00
For various MO HealthNet programs to offset anticipated reductions in tobacco settlement funding.												
FMAP Adjustment - SWO.GV.001												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	363,750	0.00	363,750	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	363,750	0.00	363,750	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	9,482,227	0.00	9,482,227	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	9,482,227	0.00	9,482,227	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$9,845,977	0.00	\$9,845,977	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Hospital Care	\$633,396,176	0.00	\$532,860,205	0.00	\$574,071,325	0.00	\$665,912,855	0.00	\$612,255,202	0.00	\$557,758,226	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.785 – MO HealthNet Division – Transformation of Rural Community Health (ToRCH)

Book 7, Page 1531

Description: This section provides funding focused on getting six rural hospitals in Missouri operational as a Rural Hospital Health Hub. Funding will be based on the size of the hospital and the community they serve. This project will utilize a community information exchange platform to track referrals for social determinants of health and the closed-loop outcome. The platform will track the activities and behaviors of the hospital, participants, community organizations, and finances. These hubs will be for proactive treatment that reduces reactive treatment in-house at the hospitals.

Legal Base: HB 11

Funding Sources: General Revenue (1101), Title XIX-Federal Fund (1163), and Federal Reimbursement Allowance Fund (1142)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

No core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.785												
Torch Rural Hospital Hlth Hub - 830312B												
Core												
General Revenue	3,750,000	0.00	1,827,795	0.00	3,750,000	0.00	3,750,000	0.00	3,750,000	0.00	3,750,000	0.00
Expense & Equipment	3,750,000	0.00	0	0.00	3,750,000	0.00	3,750,000	0.00	3,750,000	0.00	3,750,000	0.00
Program-Specific	0	0.00	1,827,795	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Federal Funds	7,500,000	0.00	2,105,038	0.00	7,500,000	0.00	7,500,000	0.00	7,500,000	0.00	7,500,000	0.00
Expense & Equipment	7,500,000	0.00	0	0.00	7,500,000	0.00	7,500,000	0.00	7,500,000	0.00	7,500,000	0.00
Program-Specific	0	0.00	2,105,038	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Other Funds	3,750,000	0.00	2,431,483	0.00	3,750,000	0.00	3,750,000	0.00	3,750,000	0.00	3,750,000	0.00
Expense & Equipment	3,750,000	0.00	0	0.00	3,750,000	0.00	3,750,000	0.00	3,750,000	0.00	3,750,000	0.00
Program-Specific	0	0.00	2,431,483	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total	\$15,000,000	0.00	\$6,364,316	0.00	\$15,000,000	0.00	\$15,000,000	0.00	\$15,000,000	0.00	\$15,000,000	0.00
Total - Torch Rural Hospital Hlth Hub	\$15,000,000	0.00	\$6,364,316	0.00	\$15,000,000	0.00	\$15,000,000	0.00	\$15,000,000	0.00	\$15,000,000	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.790 – MO HealthNet Divisions – Physician Payments for Safety Net Hospitals

Book 7, Page 1536

Description: This program provides enhanced physician reimbursement payments for services provided to MO HealthNet participants by certain hospitals designated as safety net hospitals. Services provided by physicians, dentists, podiatrists, nurse practitioners, physician assistants, nurse midwives, optometrists, audiologists, psychologists, and certified registered nurse anesthetists/anesthesiologist assistants not employed by the state who are actively engaged in the training of physicians when the training takes place in a safety net hospital are also eligible for enhanced physician payments. Three entities currently qualify for the additional physician payments: (1) University Health Truman Medical Center, (2) University of Missouri-Kansas City, and (3) University Health Lakewood Medical Center. This program was established in July 2001 to provide a mechanism to fund enhanced payments to these safety net hospitals that traditionally see a high volume of Medicaid and uninsured patients.

Legal Base: State Statute: Sections 208.152 and 208.153, RSMo.; Federal Law: Social Security Act Sections 1905(a) (1) and (2), 1923(a)-(f); Federal Regulation: 42 CFR 440.10 and 440.20

Funding Sources: Title XIX-Federal Fund (1163) and Department of Social Services Intergovernmental Transfer Fund (1139)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

Core reduction: (\$5,000,000) FED PSD reduction

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.790												
Physician Payments Safety Net - 830234B												
Core												
Federal Funds	17,613,590	0.00	11,211,197	0.00	17,613,590	0.00	17,613,590	0.00	17,613,590	0.00	12,613,590	0.00
Program-Specific	17,613,590	0.00	11,211,197	0.00	17,613,590	0.00	17,613,590	0.00	17,613,590	0.00	12,613,590	0.00
Other Funds	1,709,202	0.00	0	0.00	1,709,202	0.00	1,709,202	0.00	1,709,202	0.00	1,709,202	0.00
Program-Specific	1,709,202	0.00	0	0.00	1,709,202	0.00	1,709,202	0.00	1,709,202	0.00	1,709,202	0.00
Total	\$19,322,792	0.00	\$11,211,197	0.00	\$19,322,792	0.00	\$19,322,792	0.00	\$19,322,792	0.00	\$14,322,792	0.00
Total - Physician Payments Safety Net	\$19,322,792	0.00	\$11,211,197	0.00	\$19,322,792	0.00	\$19,322,792	0.00	\$19,322,792	0.00	\$14,322,792	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.795 – MO HealthNet Division – Women and Minority Health Care Outreach

Book 7, Page 1552

Description: This item provides state grants to assist Federally Qualified Health Center (FQHCs) for fee-for-service MO HealthNet participants to establish and implement healthcare outreach programs for women and minorities. Funds are distributed to 22 FQHCs statewide.

Legal Base: State Statute: Sections 208.152 and 208.201, RSMo.; Federal Law: Social Security Act Section 1903 (a); Federal Regulation: 42 CFR, Part 433.15

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$4,059,592) (GR \$2,029,796 and FED \$2,029,796 E&E) reduction – eliminates funding for the program

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.795												
Women & Minority Outreach - 830236B												
Core												
General Revenue	2,029,796	0.00	1,967,273	0.00	2,029,796	0.00	2,029,796	0.00	0	0.00	0	0.00
Expense & Equipment	2,029,796	0.00	1,967,273	0.00	2,029,796	0.00	2,029,796	0.00	0	0.00	0	0.00
Federal Funds	2,029,796	0.00	1,967,273	0.00	2,029,796	0.00	2,029,796	0.00	0	0.00	0	0.00
Expense & Equipment	2,029,796	0.00	1,967,273	0.00	2,029,796	0.00	2,029,796	0.00	0	0.00	0	0.00
Total	\$4,059,592	0.00	\$3,934,546	0.00	\$4,059,592	0.00	\$4,059,592	0.00	\$0	0.00	\$0	0.00
Total - Women & Minority Outreach	\$4,059,592	0.00	\$3,934,546	0.00	\$4,059,592	0.00	\$4,059,592	0.00	\$0	0.00	\$0	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.795 – MO HealthNet Divisions – Indirect Medical Education (IME)-University Health

Book 7, Page 1541

Description: This funding is for indirect medical education (IME) payments to public acute care safety net hospitals that serve as primary teaching hospitals – University of Missouri-Columbia School of Medicine and University of Missouri-Kansas City School of Medicine. Payments from this section are for the difference between IME payments paid under the Diagnosis-Related Group (DRG) methodology and 100% of allowable funds.

Legal Base: HB 11

Funding Sources: Title XIX-Federal Fund (1163) and Department of Social Services Intergovernmental Transfer Fund (1139)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reductions: (\$22,271) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services												
	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.795												
Indirect Medical Education-University Health - 830446B												
Core												
Federal Funds	0	0.00	0	0.00	12,743,511	0.00	12,743,511	0.00	12,721,240	0.00	12,721,240	0.00
Program-Specific	0	0.00	0	0.00	12,743,511	0.00	12,743,511	0.00	12,721,240	0.00	12,721,240	0.00
Other Funds	0	0.00	0	0.00	6,965,591	0.00	6,965,591	0.00	6,965,591	0.00	6,965,591	0.00
Program-Specific	0	0.00	0	0.00	6,965,591	0.00	6,965,591	0.00	6,965,591	0.00	6,965,591	0.00
Total	\$0	0.00	\$0	0.00	\$19,709,102	0.00	\$19,709,102	0.00	\$19,686,831	0.00	\$19,686,831	0.00
FMAP Adjustment - SWO.GV.001												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	22,271	0.00	22,271	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	22,271	0.00	22,271	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$22,271	0.00	\$22,271	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Indirect Medical Education-University Health	\$0	0.00	\$0	0.00	\$19,709,102	0.00	\$19,709,102	0.00	\$19,709,102	0.00	\$19,709,102	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.800 – MO HealthNet Divisions – Federally Qualified Health Centers (FQHCs) Distribution

Book 7, Page 1546

Description: This section provides funding for Federally Qualified Health Centers (FQHCs) services provided to fee-for-service MO HealthNet participants and Health Home payments. This core request provides state grants to assist FQHCs with infrastructure, equipment, and personnel development so the uninsured and underinsured population will have increased access to health care, especially in medically underserved areas. These funds address gaps in preventive services and management of chronic conditions and incentive payments.

Legal Base: State Statute: Sections 208.152 and 208.201, RSMo.; Federal Law: Social Security Act Section 1903 (a); Federal Regulation: 42 CFR, Part 433.15

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$5,000,000) (GR \$2,500,000 and FED \$2,500,000 PSD) reduction of the Community Health Worker Initiative – eliminates funding for the program
Core reduction: (\$500,000) GR PSD reduction of the FQHC Physician Scholarship Program

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.800												
Fqhc Distribution - 830235B												
Core												
General Revenue	2,757,732	0.00	2,633,971	0.00	3,257,732	0.00	3,257,732	0.00	257,732	0.00	257,732	0.00
Program-Specific	2,757,732	0.00	2,633,971	0.00	3,257,732	0.00	3,257,732	0.00	257,732	0.00	257,732	0.00
Federal Funds	2,500,000	0.00	2,383,971	0.00	2,500,000	0.00	2,500,000	0.00	0	0.00	0	0.00
Program-Specific	2,500,000	0.00	2,383,971	0.00	2,500,000	0.00	2,500,000	0.00	0	0.00	0	0.00
Total	\$5,257,732	0.00	\$5,017,943	0.00	\$5,757,732	0.00	\$5,757,732	0.00	\$257,732	0.00	\$257,732	0.00
Total - Fqhc Distribution	\$5,257,732	0.00	\$5,017,943	0.00	\$5,757,732	0.00	\$5,757,732	0.00	\$257,732	0.00	\$257,732	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.805 – MO HealthNet Division – Substance Abuse Prevention Network – Jordan Valley

Book 7, Page 1557

Description: This section distributes funds to strengthen and expand substance use prevention, treatment, and recovery services by utilizing a community-based approach for a Federally Qualified Health Center (FQHC) – Jordan Valley Community Health Center in Springfield. This approach would address social determinants of health, provide medication for opioid use disorder, and work with housing resources to ensure individuals have access to safe housing.

Legal Base: State Statute: Sections 208.152 and 208.201, RSMo.; Federal Law: Social Security Act Section 1903 (a); Federal Regulation: 42 CFR, Part 433.15

Funding Sources: General Revenue (1101), Department of Social Services Federal Fund (1610), and Opioid Addiction Treatment and Recovery Fund (1705)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$1,175,000) (GR \$500,000; FED \$125,000; and OTH \$550,000 E&E) reduction

HOUSE:

Core restoration: \$1,175,000 (GR \$500,000; FED \$125,000; and OTH \$550,000 E&E) restoration – reversed the Governor’s change
Core reduction: (\$1,000,000) GR E&E reduction to fund switch to the Social Services Reinvestment Fund (1347) – see New Decision Item
Core reallocation: ±\$1,350,000 (FED \$250,000 and OTH \$1,100,000) reallocation within section from E&E to PSD

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.805												
Sbstnc Abs Prev-Jrdn Valley - 830316B												
Core												
General Revenue	1,000,000	0.00	966,477	0.00	1,000,000	0.00	1,000,000	0.00	500,000	0.00	0	0.00
Expense & Equipment	1,000,000	0.00	0	0.00	1,000,000	0.00	1,000,000	0.00	500,000	0.00	0	0.00
Program-Specific	0	0.00	966,477	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Federal Funds	250,000	0.00	250,000	0.00	250,000	0.00	250,000	0.00	125,000	0.00	250,000	0.00
Expense & Equipment	250,000	0.00	0	0.00	250,000	0.00	250,000	0.00	125,000	0.00	0	0.00
Program-Specific	0	0.00	250,000	0.00	0	0.00	0	0.00	0	0.00	250,000	0.00
Other Funds	1,100,000	0.00	1,100,000	0.00	1,100,000	0.00	1,100,000	0.00	550,000	0.00	1,100,000	0.00
Expense & Equipment	1,100,000	0.00	0	0.00	1,100,000	0.00	1,100,000	0.00	550,000	0.00	0	0.00
Program-Specific	0	0.00	1,100,000	0.00	0	0.00	0	0.00	0	0.00	1,100,000	0.00
Total	\$2,350,000	0.00	\$2,316,476	0.00	\$2,350,000	0.00	\$2,350,000	0.00	\$1,175,000	0.00	\$1,350,000	0.00
FQHC Reinvestment Fund Swap - NOP.HS.082												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,000,000	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,000,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$1,000,000	0.00
Total - Sbstnc Abs Prev-Jrdn Valley	\$2,350,000	0.00	\$2,316,476	0.00	\$2,350,000	0.00	\$2,350,000	0.00	\$1,175,000	0.00	\$2,350,000	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.805 – MO HealthNet Division – Substance Abuse Prevention Network

Book 7, Page 1562

Description: This section distributes funds to strengthen and expand substance use prevention, treatment, and recovery services by utilizing a community-based approach. This approach would address social determinants of health, provide medication for opioid use disorder, and work with housing resources to ensure individuals have access to safe housing.

Legal Base: State Statute: Sections 208.152 and 208.201, RSMo.; Federal Law: Social Security Act Section 1903 (a); Federal Regulation: 42 CFR, Part 433.15

Funding Sources: General Revenue (1101), Department of Social Services Federal Fund (1610), and Opioid Addiction Treatment and Recovery Fund (1705)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$1,675,000) (GR \$500,000; FED \$125,000; and OTH \$1,050,000 E&E) reduction

HOUSE:

Core restoration: \$1,675,000 (GR \$500,000; FED \$125,000; and OTH \$1,050,000 E&E) restoration – reversed the Governor’s change
Core reduction: (\$1,000,000) GR E&E reduction to fund switch to the Social Services Reinvestment Fund (1347) – see New Decision Item
Core reallocation: ±\$2,350,000 (FED \$250,000 and OTH \$2,100,000) reallocation within section from E&E to PSD

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.805												
Substance Abuse Prev Network - 830317B												
Core												
General Revenue	1,000,000	0.00	969,957	0.00	1,000,000	0.00	1,000,000	0.00	500,000	0.00	0	0.00
Expense & Equipment	1,000,000	0.00	0	0.00	1,000,000	0.00	1,000,000	0.00	500,000	0.00	0	0.00
Program-Specific	0	0.00	969,957	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Federal Funds	250,000	0.00	249,956	0.00	250,000	0.00	250,000	0.00	125,000	0.00	250,000	0.00
Expense & Equipment	250,000	0.00	0	0.00	250,000	0.00	250,000	0.00	125,000	0.00	0	0.00
Program-Specific	0	0.00	249,956	0.00	0	0.00	0	0.00	0	0.00	250,000	0.00
Other Funds	2,100,000	0.00	2,099,972	0.00	2,100,000	0.00	2,100,000	0.00	1,050,000	0.00	2,100,000	0.00
Expense & Equipment	2,100,000	0.00	0	0.00	2,100,000	0.00	2,100,000	0.00	1,050,000	0.00	0	0.00
Program-Specific	0	0.00	2,099,972	0.00	0	0.00	0	0.00	0	0.00	2,100,000	0.00
Total	\$3,350,000	0.00	\$3,319,884	0.00	\$3,350,000	0.00	\$3,350,000	0.00	\$1,675,000	0.00	\$2,350,000	0.00
FQHC Reinvestment Fund Swap - NOP.HS.082												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,000,000	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1,000,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$1,000,000	0.00
Total - Substance Abuse Prev Network	\$3,350,000	0.00	\$3,319,884	0.00	\$3,350,000	0.00	\$3,350,000	0.00	\$1,675,000	0.00	\$3,350,000	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.810 – MO HealthNet Divisions – FQHC Technical Assistance Contracts

Book 7, Page 1567

Description: This section provides funding to assist Federally Qualified Health Centers (FQHCs) with outreach and engagement of Medicaid beneficiaries assigned to FQHCs to address gaps in preventive services and management of chronic conditions, and for incentive payments.

Legal Base: Section 330 (1) or 330 (m) of the Public Health Services Act

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

No core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.810												
Technical Assistance Contracts - 830237B												
Core												
General Revenue	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00
Program-Specific	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00
Federal Funds	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00
Program-Specific	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00
Total	\$3,837,290	0.00	\$3,837,290	0.00	\$3,837,290	0.00	\$3,837,290	0.00	\$3,837,290	0.00	\$3,837,290	0.00
Total - Technical Assistance Contracts	\$3,837,290	0.00	\$3,837,290	0.00	\$3,837,290	0.00	\$3,837,290	0.00	\$3,837,290	0.00	\$3,837,290	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.815 – MO HealthNet Division – Health Home – Children with Medically Complex Conditions

Book 7, Page 1580

Description: This appropriation provides funding for a health home for children with medically complex conditions pursuant to the Medicaid Services Investment and Accountability Act of 2019, H.R.1839, otherwise known as the Advancing Care for Exceptional (ACE) Kids Act. This section is instead of the Pediatric Pilot Program.

Legal Base: Medicaid Services Investment and Accountability Act of 2019 H.R.1839 (Advancing Care for Exceptional (ACE) Kids Act)

Funding Sources: General Revenue (1101) and Title XIX-Federal Fund (1163)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reallocation: (\$1,145,038) (GR \$404,685 and FED \$740,353 PSD) reallocation within section to Health Homes, as services are already included in that rate

GOVERNOR:

Same as Department – no additional core changes

HOUSE:

Same as Department – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.815												
Chldrn W Med Complex Cond - 830370B												
Core												
General Revenue	395,038	0.00	395,038	0.00	404,685	0.00	0	0.00	0	0.00	0	0.00
Program-Specific	395,038	0.00	395,038	0.00	404,685	0.00	0	0.00	0	0.00	0	0.00
Federal Funds	750,000	0.00	750,000	0.00	740,353	0.00	0	0.00	0	0.00	0	0.00
Program-Specific	750,000	0.00	750,000	0.00	740,353	0.00	0	0.00	0	0.00	0	0.00
Total	\$1,145,038	0.00	\$1,145,038	0.00	\$1,145,038	0.00	\$0	0.00	\$0	0.00	\$0	0.00
Total - Chldrn W Med Complex Cond	\$1,145,038	0.00	\$1,145,038	0.00	\$1,145,038	0.00	\$0	0.00	\$0	0.00	\$0	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES
Section 11.815 – MO HealthNet Division – Health Homes

Book 7, Page 1572

Description: MO HealthNet operates the Primary Care Health Home Program for participants diagnosed with two chronic conditions or diagnosed with one chronic condition and at-risk for development of a second. Clinical care management per member per month (PMPM) payments are made for the reimbursement of required contracted services, and the cost of staff primarily responsible for delivery of these specified health home services, who are not covered by other MO HealthNet reimbursement methodologies. These core funds are the PMPM payments made to health homes.

Legal Base: Federal Law: ACA Section 2703; Section 1945 of Title XIX of the Social Security Act.

Funding Sources: General Revenue (1101), Title XIX-Federal Fund (1163), and Federal Reimbursement Allowance Fund (1142)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$439,762) (GR \$299,457 and FED \$140,305 PSD) reduction of estimated lapse

Core reallocation: \$1,145,038 (GR \$404,685 and FED \$740,353 PSD) reallocation within section from Children with Medically Complex Conditions, as services are already included in this rate

GOVERNOR:

Core reduction: (\$1,382,158) GR PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

Core reduction: (\$1,844,122) (GR \$595,541 and FED \$1,248,581 PSD) reduction of estimated lapse

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.815												
Health Homes - 830238B												
Core												
General Revenue	4,225,313	0.00	3,183,745	0.00	6,142,744	0.00	6,247,972	0.00	4,270,273	0.00	4,270,273	0.00
Program-Specific	4,225,313	0.00	3,183,745	0.00	6,142,744	0.00	6,247,972	0.00	4,270,273	0.00	4,270,273	0.00
Federal Funds	18,342,697	0.00	12,277,784	0.00	21,244,936	0.00	21,844,984	0.00	20,596,403	0.00	20,596,403	0.00
Program-Specific	18,342,697	0.00	12,277,784	0.00	21,244,936	0.00	21,844,984	0.00	20,596,403	0.00	20,596,403	0.00
Other Funds	6,027,694	0.00	2,968,577	0.00	7,893,011	0.00	7,893,011	0.00	7,893,011	0.00	7,893,011	0.00
Program-Specific	6,027,694	0.00	2,968,577	0.00	7,893,011	0.00	7,893,011	0.00	7,893,011	0.00	7,893,011	0.00
Total	\$28,595,704	0.00	\$18,430,106	0.00	\$35,280,691	0.00	\$35,985,967	0.00	\$32,759,687	0.00	\$32,759,687	0.00
FMAP Adjustment - SWO.GV.001												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	1,382,158	0.00	1,382,158	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	1,382,158	0.00	1,382,158	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$1,382,158	0.00	\$1,382,158	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Health Homes	\$28,595,704	0.00	\$18,430,106	0.00	\$35,280,691	0.00	\$35,985,967	0.00	\$34,141,845	0.00	\$34,141,845	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.820 – MO HealthNet Division – Federal Reimbursement Allowance (FRA)

Book 7, Page 1585

Description: The Federal Reimbursement Allowance (FRA) program funds reimbursement of hospital services and the hospital portion of the managed care premiums provided to MO HealthNet participants and the uninsured. The FRA program serves as a General Revenue equivalent by supplementing payments for the cost of providing care to Medicaid participants under Title XIX of the Social Security Act, and to the uninsured.

Legal Base: State Statute: Section 208.453, RSMo.; Federal Law: Social Security Act Section 1903 (w); Federal Regulation: 42 CFR 433 Subpart B
Funding Sources: Title XIX-Federal Fund (1163), Title XXI-Children’s Health Insurance Program Federal Fund (1159), and Federal Reimbursement Allowance Fund (1142)
FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reallocation: (\$460,000,000) (FED \$296,424,000 and OTH \$163,576,000 PSD) reallocation out to HB Section 11.770 – Managed Care
Core reallocation: (\$70,000,000) (FED \$45,108,000 and OTH \$24,892,000 PSD) reallocation out to HB Section 11.775 – Managed Care Specialty Plan
Core reallocation: (\$35,000,000) (FED \$26,288,500 and OTH \$8,711,500 PSD) reallocation out to HB Section 11.825 – Children’s Health Insurance Program
Core reallocation: (\$30,000,000) (FED \$22,533,000 and OTH \$7,467,000 PSD) reallocation out to HB Section 11.830 – Show-Me Healthy Babies
Core reduction: (\$54,718,636) FED PSD reduction of estimated lapse

GOVERNOR:

Core reduction: (\$21,393,317) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services												
	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.820												
Fed Reimb Allowance - 830240B												
Core												
Federal Funds	1,110,251,184	0.00	1,004,013,158	0.00	1,113,370,066	0.00	668,297,930	0.00	646,904,613	0.00	646,904,613	0.00
Program-Specific	1,110,251,184	0.00	1,004,013,158	0.00	1,113,370,066	0.00	668,297,930	0.00	646,904,613	0.00	646,904,613	0.00
Other Funds	536,897,433	0.00	419,490,017	0.00	538,602,211	0.00	333,955,711	0.00	333,955,711	0.00	333,955,711	0.00
Program-Specific	536,897,433	0.00	419,490,017	0.00	538,602,211	0.00	333,955,711	0.00	333,955,711	0.00	333,955,711	0.00
Total	\$1,647,148,617	0.00	\$1,423,503,175	0.00	\$1,651,972,277	0.00	\$1,002,253,641	0.00	\$980,860,324	0.00	\$980,860,324	0.00
OPFS Trend - NOP.83B.018												
Federal Funds	0	0.00	0	0.00	0	0.00	2,486,693	0.00	2,490,745	0.00	1,272,978	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	2,486,693	0.00	2,490,745	0.00	1,272,978	0.00
Other Funds	0	0.00	0	0.00	0	0.00	1,372,235	0.00	1,368,183	0.00	699,256	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	1,372,235	0.00	1,368,183	0.00	699,256	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$3,858,928	0.00	\$3,858,928	0.00	\$1,972,234	0.00
The MO HealthNet Division (MHD) outpatient regulation (13 CSR 70-15.160) explains that outpatient hospital services shall be reimbursed on a predetermined Fee-for-Service basis using an Outpatient Simplified Fee Schedule (OSFS) based on the Ambulatory Payment Classifications (APC) groups and fees under the Medicare Hospital Outpatient Prospective Payment System (OPPS). The Centers for Medicare & Medicaid Services (CMS) announced an increase to the Medicare OPPS payment rates by 2.4% for CY 2026, which MHD will apply to the rates for SFY27.												
FRA Authority Increase - NOP.GV.093												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	21,250,000	0.00	21,250,000	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	21,250,000	0.00	21,250,000	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$21,250,000	0.00	\$21,250,000	0.00
Additional authority for the Federal Reimbursement Allowance (FRA) Fund to support program costs previously funded with general revenue (GR).												
FMAP Adjustment - SWO.GV.001												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	21,393,317	0.00	21,393,317	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	21,393,317	0.00	21,393,317	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$21,393,317	0.00	\$21,393,317	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Fed Reimb Allowance	\$1,647,148,617	0.00	\$1,423,503,175	0.00	\$1,651,972,277	0.00	\$1,006,112,569	0.00	\$1,027,362,569	0.00	\$1,025,475,875	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.825 – MO HealthNet Division – Children’s Health Insurance Program (CHIP)

Book 7, Page 1592

Description: This item funds health care services provided to certain children aged 18 and under who exceed the eligibility limits of traditional MO HealthNet coverage and would otherwise be uninsured. Effective May 1, 2017, Managed Care was geographically extended statewide. All children are mandatorily enrolled in MO HealthNet Managed Care, but may opt out and receive their services through fee-for-service under certain circumstances. The Children's Health Insurance Program (CHIP) Title XXI funds are utilized for this expanded MO HealthNet population. Services provided under the CHIP program are reimbursed individually under the fee-for-service program or through a monthly capitation rate paid to the MO HealthNet Managed Care health plans that contract with the state. This integration was made possible through the passage of Senate Bill 632 (1998). Effective January 1, 2024, Missouri has implemented continuous eligibility for children, ensuring they remain eligible through Medicaid (MO HealthNet) or the Children’s Health Insurance Program (CHIP) for 12 months.

Legal Base: State Statute: Sections 208.631 through 208.658, RSMo.; Federal Law: Social Security Act, Title XXI; Federal Regulation: 42 CFR 457
Funding Sources: General Revenue (1101), Title XXI-Children’s Health Insurance Program Federal Fund (1159), and Federal Reimbursement Allowance Fund (1142)
FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reallocation: \$35,000,000 (FED \$26,288,500 and OTH \$8,711,500 PSD) reallocation in from HB Section 11.820 – Federal Reimbursement Allowance

GOVERNOR:

Core reduction: (\$8,786,952) GR PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item
Core reduction: (\$2,296,359) FED PSD reduction of estimated lapse

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services												
	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.825												
Children's Health Ins Program - 830242B												
Core												
General Revenue	93,728,958	0.00	111,053,264	0.00	121,000,402	0.00	121,000,402	0.00	112,213,450	0.00	112,213,450	0.00
Program-Specific	93,728,958	0.00	111,053,264	0.00	121,000,402	0.00	121,000,402	0.00	112,213,450	0.00	112,213,450	0.00
Federal Funds	398,833,407	0.00	377,695,360	0.00	383,898,531	0.00	410,187,031	0.00	407,890,672	0.00	407,890,672	0.00
Program-Specific	398,833,407	0.00	377,695,360	0.00	383,898,531	0.00	410,187,031	0.00	407,890,672	0.00	407,890,672	0.00
Other Funds	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00	16,430,704	0.00	16,430,704	0.00	16,430,704	0.00
Program-Specific	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00	16,430,704	0.00	16,430,704	0.00	16,430,704	0.00
Total	\$500,281,569	0.00	\$496,467,828	0.00	\$512,618,137	0.00	\$547,618,137	0.00	\$536,534,826	0.00	\$536,534,826	0.00
Managed Care Actuarial - NOP.83B.006												
General Revenue	0	0.00	0	0.00	0	0.00	2,409,630	0.00	2,402,369	0.00	1,201,185	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	2,409,630	0.00	2,402,369	0.00	1,201,185	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	7,271,487	0.00	7,278,748	0.00	3,639,374	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	7,271,487	0.00	7,278,748	0.00	3,639,374	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$9,681,117	0.00	\$9,681,117	0.00	\$4,840,559	0.00
This NDI is needed to fund an increase for managed care medical services, including the Managed Care, Adult Expansion Group (AEG), Managed Care Specialty Plan, CHIP, and Show Me Healthy Babies (SMHB) populations. The FY27 rates are based on an estimated budget trend developed utilizing actuarial standards which consider historical trends in utilization and inflation, budget and legislative changes, and federal requirements. MO HealthNet needs to maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. The Federal Authority is Social Security Act Section 1915(b) and 1115 Waiver. The Federal Regulation is 42 CFR 438-Managed Care, and the State Authority is Section 208.166, RSMo. Final federal rules and regulations published June 14, 2002, effective August 13, 2003, require that capitation payments made on behalf of managed care participants be actuarially sound. Further, the state must provide the actuarial certification of the capitation rates to the CMS. The CMS Regional Office must review and approve all contracts for managed care as a condition for federal financial participation.												
Pharm Specialty PMPM - NOP.83B.011												
General Revenue	0	0.00	0	0.00	0	0.00	253,500	0.00	252,737	0.00	231,279	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	253,500	0.00	252,737	0.00	231,279	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	764,983	0.00	765,746	0.00	700,733	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	764,983	0.00	765,746	0.00	700,733	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$1,018,483	0.00	\$1,018,483	0.00	\$932,012	0.00
Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation. This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to specialty drugs. Specialty drugs account for the majority of the projected increase in pharmacy expenditures. State statute: Section 208.201, RSMo. Federal Law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.												
Pharm Non-Specialty PMPM - NOP.83B.015												
General Revenue	0	0.00	0	0.00	0	0.00	69,200	0.00	68,991	0.00	66,884	0.00

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Program-Specific	0	0.00	0	0.00	0	0.00	69,200	0.00	68,991	0.00	66,884	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	208,823	0.00	209,032	0.00	202,648	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	208,823	0.00	209,032	0.00	202,648	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$278,023	0.00	\$278,023	0.00	\$269,532	0.00

Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.

This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to non-specialty drugs.

State statute: Section 208.201, RSMo. Federal Law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.

MO HealthNet CTC - NOP.83B.030

General Revenue	0	0.00	0	0.00	0	0.00	6,906,942	0.00	4,940,519	0.00	5,601,322	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	6,906,942	0.00	4,940,519	0.00	5,601,322	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	2,084,620	0.00	0	0.00	0	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	2,084,620	0.00	0	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$8,991,562	0.00	\$4,940,519	0.00	\$5,601,322	0.00

Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.

Average Commercial Rate - NOP.GV.103

Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	18,375,949	0.00	18,375,949	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	18,375,949	0.00	18,375,949	0.00
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	6,089,434	0.00	6,089,434	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	6,089,434	0.00	6,089,434	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$24,465,383	0.00	\$24,465,383	0.00

The funding for this NDI would provide a value-based payment equivalent up to the average commercial rate (ACR) to state and non-state government hospitals based on health outcome measures. The state share would be sourced by local match intergovernmental transfers (IGT).

FMAP Adjustment - SWO.GV.001

Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	8,786,952	0.00	8,786,952	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	8,786,952	0.00	8,786,952	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$8,786,952	0.00	\$8,786,952	0.00

This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.

The Federal Authority is Social Security Act 1905(b).

Total - Children's Health Ins Program	\$500,281,569	0.00	\$496,467,828	0.00	\$512,618,137	0.00	\$567,587,322	0.00	\$585,705,303	0.00	\$581,430,586	0.00
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*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.825 – MO HealthNet Division – CHIP – Public Ground Emergency Medical Transportation Services

Book 7, Page 1599

Description: This funding is for payments to providers of public ground emergency medical transportation (GEMT) when providing services to people paid for under the Children’s Health Insurance Program (CHIP).

Legal Base: State Statute: Sections 208.1030 and 208.1032, RSMo.

Funding Sources: Title XXI-Children’s Health Insurance Program Federal Fund (1159) and Ground Emergency Medical Transportation Fund (1422)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$16,700) FED PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.825												
Chip Public Gemt - 830371B												
Core												
Federal Funds	1,896,325	0.00	0	0.00	1,896,325	0.00	1,896,325	0.00	1,879,625	0.00	1,879,625	0.00
Program-Specific	1,896,325	0.00	0	0.00	1,896,325	0.00	1,896,325	0.00	1,879,625	0.00	1,879,625	0.00
Other Funds	603,675	0.00	0	0.00	603,675	0.00	603,675	0.00	603,675	0.00	603,675	0.00
Program-Specific	603,675	0.00	0	0.00	603,675	0.00	603,675	0.00	603,675	0.00	603,675	0.00
Total	\$2,500,000	0.00	\$0	0.00	\$2,500,000	0.00	\$2,500,000	0.00	\$2,483,300	0.00	\$2,483,300	0.00
Public GEMT - NOP.83B.001												
Federal Funds	0	0.00	0	0.00	0	0.00	657,415	0.00	659,965	0.00	580,206	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	657,415	0.00	659,965	0.00	580,206	0.00
Other Funds	0	0.00	0	0.00	0	0.00	242,585	0.00	240,035	0.00	211,026	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	242,585	0.00	240,035	0.00	211,026	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$900,000	0.00	\$900,000	0.00	\$791,232	0.00
The Ground Emergency Medical Transportation (GEMT) Program is a voluntary program that makes supplemental payments to eligible GEMT providers who furnish qualifying emergency ambulance services to MO HealthNet Division (MHD) participants. Emergency ambulance services owned or operated by units of government serve a disproportionately high number of Medicaid recipients. This payment will offset a portion of unreimbursed costs these agencies incur in providing services to Medicaid enrollees. The payment has been designed to reimburse up to 100% of allowable statewide Medicaid costs. Payments required under this payment arrangement will only be made for Medicaid services on behalf of Medicaid beneficiaries covered under the MO HealthNet contract. Providers fund the non-federal share of GEMT uncompensated cost reimbursement using an intergovernmental transfer (IGT) payment method. MO HealthNet will then issue a separate payment to each Medicaid health plan based on the increase calculated for ambulance services provided to the health plan's enrollees. Medicaid health plans will provide a uniform dollar increase per transport for Medicaid services provided by participating emergency medical transportation providers owned or operated by a unit of government. The directed payment will be a flat payment per transport to be paid in addition to the negotiated fee schedule between the Medicaid health plans and providers. The directed payment will occur retroactively to each health plan based on actual encounters with a date of service during the previous six months. Funds are needed for the Public GEMT program to provide supplemental payments to the State's essential GEMT providers. This CMS-approved payment methodology is consistent with 42 CFR 438.6(c). GEMT Program authority is found in Section 208.1030 and 208.1032 RSMo, 13 CSR 70-6.020; and State Plan Amendment 17-009.												
FMAP Adjustment - SWO.GV.001												
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	16,700	0.00	16,700	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	16,700	0.00	16,700	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$16,700	0.00	\$16,700	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority. The Federal Authority is Social Security Act 1905(b).												

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Total - Chip Public Gemt	\$2,500,000	0.00	\$0	0.00	\$2,500,000	0.00	\$3,400,000	0.00	\$3,400,000	0.00	\$3,291,232	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.830 – MO HealthNet Division – Show-Me Healthy Babies (SMHB) Program

Book 7, Page 1604

Description: This item funds services for targeted low-income unborn children from families with household incomes up to 300% of the Federal Poverty Level (FPL). Services include all prenatal care and pregnancy-related services that benefit the health of the unborn child and that promote healthy labor, delivery, birth, and postpartum care. Senate Bill (SB) 106 and SB 45, effective July 7, 2023, extended the MO HealthNet coverage for these low-income women, which will include full Medicaid benefits for the duration of the pregnancy and for one year following the end of the pregnancy. Coverage for the child continues for up to one year after birth (at that time the child may be eligible for Medicaid or CHIP) to help foster a child's healthy upbringing, unless otherwise prohibited by law or unless otherwise limited by the Missouri General Assembly through appropriations.

Legal Base: State Statute: Section 208.662, RSMo.; Federal Law: Social Security Act, Title XXI; Federal Regulation: 42 CFR 457.10

Funding Sources: General Revenue (1101) and Title XXI-Children's Health Insurance Program Federal Fund (1159)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reallocation: \$30,000,000 (FED \$22,533,000 and OTH \$7,467,000 PSD) reallocation in from HB Section 11.820 – Federal Reimbursement Allowance

GOVERNOR:

Core reduction: (\$4,423,949) GR PSD reduction due to change in the Federal Medical Assistance Percentage (FMAP) rate – see New Decision Item

Core reduction: (\$12,345,599) (GR \$4,390,095 and FED \$7,955,504 PSD) reduction due to generated savings for the program

HOUSE:

Same as Governor – no additional core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.830												
Show-Me Babies - 830243B												
Core												
General Revenue	17,608,563	0.00	23,279,632	0.00	26,969,657	0.00	26,969,657	0.00	18,155,613	0.00	18,155,613	0.00
Program-Specific	17,608,563	0.00	23,279,632	0.00	26,969,657	0.00	26,969,657	0.00	18,155,613	0.00	18,155,613	0.00
Federal Funds	74,779,013	0.00	73,606,627	0.00	81,266,553	0.00	103,799,553	0.00	95,844,049	0.00	95,844,049	0.00
Program-Specific	74,779,013	0.00	73,606,627	0.00	81,266,553	0.00	103,799,553	0.00	95,844,049	0.00	95,844,049	0.00
Other Funds	0	0.00	0	0.00	0	0.00	7,467,000	0.00	7,467,000	0.00	7,467,000	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	7,467,000	0.00	7,467,000	0.00	7,467,000	0.00
Total	\$92,387,576	0.00	\$96,886,259	0.00	\$108,236,210	0.00	\$138,236,210	0.00	\$121,466,662	0.00	\$121,466,662	0.00
Managed Care Actuarial - NOP.83B.006												
General Revenue	0	0.00	0	0.00	0	0.00	2,040,617	0.00	2,034,468	0.00	1,017,234	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	2,040,617	0.00	2,034,468	0.00	1,017,234	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	6,157,924	0.00	6,164,073	0.00	3,082,037	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	6,157,924	0.00	6,164,073	0.00	3,082,037	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$8,198,541	0.00	\$8,198,541	0.00	\$4,099,271	0.00
This NDI is needed to fund an increase for managed care medical services, including the Managed Care, Adult Expansion Group (AEG), Managed Care Specialty Plan, CHIP, and Show Me Healthy Babies (SMHB) populations. The FY27 rates are based on an estimated budget trend developed utilizing actuarial standards which consider historical trends in utilization and inflation, budget and legislative changes, and federal requirements.												
MO HealthNet needs to maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. The Federal Authority is Social Security Act Section 1915(b) and 1115 Waiver. The Federal Regulation is 42 CFR 438-Managed Care, and the State Authority is Section 208.166, RSMo. Final federal rules and regulations published June 14, 2002, effective August 13, 2003, require that capitation payments made on behalf of managed care participants be actuarially sound. Further, the state must provide the actuarial certification of the capitation rates to the CMS. The CMS Regional Office must review and approve all contracts for managed care as a condition for federal financial participation.												
Pharm Specialty PMPM - NOP.83B.011												
General Revenue	0	0.00	0	0.00	0	0.00	12,091	0.00	12,055	0.00	11,032	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	12,091	0.00	12,055	0.00	11,032	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	36,488	0.00	36,524	0.00	33,423	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	36,488	0.00	36,524	0.00	33,423	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$48,579	0.00	\$48,579	0.00	\$44,455	0.00
Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.												
This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to specialty drugs. Specialty drugs account for the majority of the projected increase in pharmacy expenditures.												
State statute: Section 208.201, RSMo. Federal Law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.												
Pharm Non-Specialty PMPM - NOP.83B.015												
General Revenue	0	0.00	0	0.00	0	0.00	3,301	0.00	3,291	0.00	3,190	0.00

*Does not include Supplementals.

Dept Of Social Services												
	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Program-Specific	0	0.00	0	0.00	0	0.00	3,301	0.00	3,291	0.00	3,190	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	9,960	0.00	9,970	0.00	9,665	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	9,960	0.00	9,970	0.00	9,665	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$13,261	0.00	\$13,261	0.00	\$12,855	0.00
Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.												
This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to non-specialty drugs.												
State statute: Section 208.201, RSMo. Federal Law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.												
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	3,650,725	0.00	3,198,137	0.00	3,122,502	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	3,650,725	0.00	3,198,137	0.00	3,122,502	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	11,135,893	0.00	10,140,217	0.00	9,911,974	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	11,135,893	0.00	10,140,217	0.00	9,911,974	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$14,786,618	0.00	\$13,338,354	0.00	\$13,034,476	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
Average Commercial Rate - NOP.GV.103												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	3,861,140	0.00	3,861,140	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	3,861,140	0.00	3,861,140	0.00
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	1,279,507	0.00	1,279,507	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	1,279,507	0.00	1,279,507	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$5,140,647	0.00	\$5,140,647	0.00
The funding for this NDI would provide a value-based payment equivalent up to the average commercial rate (ACR) to state and non-state government hospitals based on health outcome measures. The state share would be sourced by local match intergovernmental transfers (IGT).												
FMAP Adjustment - SWO.GV.001												
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	4,423,949	0.00	4,423,949	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	4,423,949	0.00	4,423,949	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$4,423,949	0.00	\$4,423,949	0.00
This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs the federal government will reimburse to each state. FMAP varies by state and is based on criteria such as per capita income. Effective October 1, 2025, the blended FMAP rate will decrease from 64.658% to 64.545%. The enhanced FMAP rate for the CHIP children and the Women with Breast or Cervical Cancer program will decrease from 75.263% to 75.185%. This change will result in a net cost shift from Federal to GR funds for the Departments of Mental Health, Health and Senior Services, and Social Services. In order to realign the federal match, the Governor recommended an NDI for additional appropriation authority as well as corresponding core reductions in appropriation authority.												
The Federal Authority is Social Security Act 1905(b).												
Total - Show-Me Babies	\$92,387,576	0.00	\$96,886,259	0.00	\$108,236,210	0.00	\$161,283,209	0.00	\$152,629,993	0.00	\$148,222,315	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.835 – MO HealthNet Division – School District Medical Claiming

Book 7, Page 1612

Description: This item funds payments for School District Administrative Claiming (SDAC) and Individualized Education Plan (IEP) school-based health services (SBHS). This program allows school districts to obtain Medicaid funding for administrative activities that support direct services, designated medical services that are provided to children with disabilities in the school district (direct services), and specialized transportation for these direct services. Administrative activities are reimbursed through the SDAC program, which includes activities associated with health and outreach programs for children in the school district. Direct services include physical, occupational, and speech evaluation and therapy services; audiology; personal care; private duty nursing; and behavioral health services that are medically necessary and are included in an IEP for school-age children. Specialized transportation services are provided to a child receiving IEP direct services who needs specific transportation as outlined in their IEP, and who would not otherwise get services while attending school if that need were not met. Some examples of specialized transportation services include specialized equipment or a specially adapted bus. As a result of allowing schools to receive reimbursement, 497 school districts are currently participating in SDAC, 331 school districts are enrolled to participate in the direct services cost settlement program, and 21 school districts are enrolled to participate in the IEP specialized transportation program.

Legal Base: Federal Regulation: 42 CFR 441.50 and 441.55-441.60

Funding Sources: General Revenue (1101) and Title XIX-Federal Fund (1163)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

Core reduction: (\$19,773,759) FED PSD reduction of estimated lapse

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.835												
School District Claiming - 830244B												
Core												
General Revenue	242,525	0.00	220,234	0.00	242,525	0.00	242,525	0.00	242,525	0.00	242,525	0.00
Program-Specific	242,525	0.00	220,234	0.00	242,525	0.00	242,525	0.00	242,525	0.00	242,525	0.00
Federal Funds	139,864,081	0.00	100,316,563	0.00	139,864,081	0.00	139,864,081	0.00	139,864,081	0.00	120,090,322	0.00
Program-Specific	139,864,081	0.00	100,316,563	0.00	139,864,081	0.00	139,864,081	0.00	139,864,081	0.00	120,090,322	0.00
Total	\$140,106,606	0.00	\$100,536,797	0.00	\$140,106,606	0.00	\$140,106,606	0.00	\$140,106,606	0.00	\$120,332,847	0.00
Total - School District Claiming	\$140,106,606	0.00	\$100,536,797	0.00	\$140,106,606	0.00	\$140,106,606	0.00	\$140,106,606	0.00	\$120,332,847	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.840 – MO HealthNet Division – Blind Pension Medical Benefits

Book 7, Page 1618

Description: This section provides funding for a state-only health care benefit for Blind Pension participants who do not qualify for Title XIX Medicaid. The objectives of the program are to ensure proper health care for the general health and well-being of MO HealthNet participants, to ensure an adequate supply of providers, and to increase preventive services for all MO HealthNet participants. Services provided under the Blind Pension Medical Program are reimbursed individually under the fee-for-service program and comprise 0.2% of the total MO HealthNet Division expenditures.

Legal Base: State Statute: Sections 208.151 and 208.152, RSMo.

Funding Sources: General Revenue (1101)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$352,459) GR PSD reduction of estimated lapse

HOUSE:

Core reduction: (\$83,287) GR PSD reduction of estimated lapse based on December end-of-month projections

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.840												
Blind Pension Medical Benefits - 830245B												
Core												
General Revenue	23,462,082	0.00	22,747,869	0.00	24,840,169	0.00	24,840,169	0.00	24,487,710	0.00	24,404,423	0.00
Program-Specific	23,462,082	0.00	22,747,869	0.00	24,840,169	0.00	24,840,169	0.00	24,487,710	0.00	24,404,423	0.00
Total	\$23,462,082	0.00	\$22,747,869	0.00	\$24,840,169	0.00	\$24,840,169	0.00	\$24,487,710	0.00	\$24,404,423	0.00
Pharm Specialty PMPM - NOP.83B.011												
General Revenue	0	0.00	0	0.00	0	0.00	33,635	0.00	33,635	0.00	30,779	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	33,635	0.00	33,635	0.00	30,779	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$33,635	0.00	\$33,635	0.00	\$30,779	0.00
Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.												
This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to specialty drugs. Specialty drugs account for the majority of the projected increase in pharmacy expenditures.												
State statute: Section 208.201, RSMo. Federal Law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.												
Pharm Non-Specialty PMPM - NOP.83B.015												
General Revenue	0	0.00	0	0.00	0	0.00	9,182	0.00	9,182	0.00	8,902	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	9,182	0.00	9,182	0.00	8,902	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$9,182	0.00	\$9,182	0.00	\$8,902	0.00
Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.												
This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to non-specialty drugs.												
State statute: Section 208.201, RSMo. Federal Law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.												
MO HealthNet CTC - NOP.83B.030												
General Revenue	0	0.00	0	0.00	0	0.00	291,588	0.00	0	0.00	0	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	291,588	0.00	0	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$291,588	0.00	\$0	0.00	\$0	0.00
Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.												
Total - Blind Pension Medical Benefits	\$23,462,082	0.00	\$22,747,869	0.00	\$24,840,169	0.00	\$25,174,574	0.00	\$24,530,527	0.00	\$24,444,104	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.845 – MO HealthNet Division – Adult Expansion Group (AEG)

Book 7, Page 1625

Description: This funds the MO HealthNet Managed Care program known as the Adult Expansion Group (AEG) that provides health care services to the MO HealthNet Managed Care adult population, age 19 to 64, with income up to 138% of the Federal Poverty Level (FPL). The program provides eligible adults with a benefit package of essential, medically necessary health services, including primary care, preventive care, and emergency services, to improve comprehensive health coverage for adults.

Legal Base: Section 36c of Article IV of the Missouri Constitution

Funding Sources: Title XIX-Adult Expansion Federal Fund (1358), Pharmacy Reimbursement Allowance Fund (1144), Nursing Facility Reimbursement Allowance Fund (1196), Ambulance Service Reimbursement Allowance Fund (1958), FMAP Enhancement-Expansion Fund (2466), and Federal Reimbursement Allowance Fund (1142)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$352,493,937) FED PSD reduction of FMAP Enhancement-Expansion Fund (2466) due to funding no longer being available (ended 6/30/2023) – see New Decision Item

GOVERNOR:

Core reduction: (\$360,635,300) FED PSD reduction due to various generated savings for the program

HOUSE:

Core reduction: (\$14,663,183) FED PSD reduction of estimated lapse

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.845												
Adult Expansion Group (Aeg) - 830248B												
Core												
Federal Funds	3,501,601,088	0.00	3,179,100,877	0.00	4,114,888,977	0.00	3,762,395,040	0.00	3,401,759,740	0.00	3,387,096,557	0.00
Program-Specific	3,501,601,088	0.00	3,179,100,877	0.00	4,114,888,977	0.00	3,762,395,040	0.00	3,401,759,740	0.00	3,387,096,557	0.00
Other Funds	59,162,833	0.00	52,663,597	0.00	65,663,752	0.00	65,663,752	0.00	65,663,752	0.00	65,663,752	0.00
Program-Specific	59,162,833	0.00	52,663,597	0.00	65,663,752	0.00	65,663,752	0.00	65,663,752	0.00	65,663,752	0.00
Total	\$3,560,763,921	0.00	\$3,231,764,475	0.00	\$4,180,552,729	0.00	\$3,828,058,792	0.00	\$3,467,423,492	0.00	\$3,452,760,309	0.00
GR Pick Up for FMAP Fund - NOP.83B.003												
General Revenue	0	0.00	0	0.00	0	0.00	352,493,937	0.00	310,256,682	0.00	310,256,682	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	352,493,937	0.00	310,256,682	0.00	310,256,682	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$352,493,937	0.00	\$310,256,682	0.00	\$310,256,682	0.00
In SFY 2022, the General Assembly appropriated on-going funds from the Enhanced FMAP Expansion Fund (2466). The Enhanced FMAP Expansion fund was created as a result of the enhanced 5% earnings due to a temporary increase in the Federal Medical Assistance Percentage (FMAP). Earning receipts to Fund 2466 ended on 9/30/2023. Beginning in SFY 2027, General Revenue funding is needed as an on-going appropriation in order for the Department to continue to provide essential functions. This includes IM call center functions and the Medicaid payroll.												
Managed Care Actuarial - NOP.83B.006												
General Revenue	0	0.00	0	0.00	0	0.00	11,938,953	0.00	11,938,953	0.00	5,969,477	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	11,938,953	0.00	11,938,953	0.00	5,969,477	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	107,450,580	0.00	107,450,580	0.00	53,725,290	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	107,450,580	0.00	107,450,580	0.00	53,725,290	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$119,389,533	0.00	\$119,389,533	0.00	\$59,694,767	0.00
This NDI is needed to fund an increase for managed care medical services, including the Managed Care, Adult Expansion Group (AEG), Managed Care Specialty Plan, CHIP, and Show Me Healthy Babies (SMHB) populations. The FY27 rates are based on an estimated budget trend developed utilizing actuarial standards which consider historical trends in utilization and inflation, budget and legislative changes, and federal requirements.												
MO HealthNet needs to maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. The Federal Authority is Social Security Act Section 1915(b) and 1115 Waiver. The Federal Regulation is 42 CFR 438-Managed Care, and the State Authority is Section 208.166, RSMo. Final federal rules and regulations published June 14, 2002, effective August 13, 2003, require that capitation payments made on behalf of managed care participants be actuarially sound. Further, the state must provide the actuarial certification of the capitation rates to the CMS. The CMS Regional Office must review and approve all contracts for managed care as a condition for federal financial participation.												
Pharm Specialty PMPM - NOP.83B.011												
General Revenue	0	0.00	0	0.00	0	0.00	1,821,482	0.00	1,821,482	0.00	1,666,836	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	1,821,482	0.00	1,821,482	0.00	1,666,836	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	16,393,340	0.00	16,393,340	0.00	15,001,531	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	16,393,340	0.00	16,393,340	0.00	15,001,531	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$18,214,822	0.00	\$18,214,822	0.00	\$16,668,367	0.00

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
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Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.

This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to specialty drugs. Specialty drugs account for the majority of the projected increase in pharmacy expenditures.

State statute: Section 208.201, RSMo. Federal Law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.

Pharm Non-Specialty PMPM - NOP.83B.015

General Revenue	0	0.00	0	0.00	0	0.00	497,224	0.00	497,224	0.00	482,038	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	497,224	0.00	497,224	0.00	482,038	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	4,475,017	0.00	4,475,017	0.00	4,338,340	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	4,475,017	0.00	4,475,017	0.00	4,338,340	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$4,972,241	0.00	\$4,972,241	0.00	\$4,820,378	0.00

Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.

This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to non-specialty drugs.

State statute: Section 208.201, RSMo. Federal Law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.

SB 79 Hearing Aid Services - NOP.83B.016

General Revenue	0	0.00	0	0.00	0	0.00	460,320	0.00	460,320	0.00	460,320	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	460,320	0.00	460,320	0.00	460,320	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	4,142,880	0.00	4,142,880	0.00	4,142,880	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	4,142,880	0.00	4,142,880	0.00	4,142,880	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$4,603,200	0.00	\$4,603,200	0.00	\$4,603,200	0.00

In SFY 2025, the General Assembly Truly Agreed and Finally Passed Senate Bill 79 (Fiscal Note 0769-09T). Within the language of this bill, it included language on expanding eligibility of Hearing Aid and Cochlear Implant Services. Due to the timing of obtaining a State Plan Amendment (SPA) and waiver for this legislation, MHD assumes additional costs for hearing aid and cochlear implant services will begin in FY27.

MO HealthNet CTC - NOP.83B.030

General Revenue	0	0.00	0	0.00	0	0.00	69,107,715	0.00	76,369,007	0.00	77,188,886	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	69,107,715	0.00	76,369,007	0.00	77,188,886	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	592,203,639	0.00	705,311,536	0.00	713,999,047	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	592,203,639	0.00	705,311,536	0.00	713,999,047	0.00
Other Funds	0	0.00	0	0.00	0	0.00	1,019,935	0.00	2,114,355	0.00	2,259,755	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	1,019,935	0.00	2,114,355	0.00	2,259,755	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$662,331,289	0.00	\$783,794,898	0.00	\$793,447,688	0.00

Funds are requested for estimated costs in the SFY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2027.

Average Commercial Rate - NOP.GV.103

Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	79,212,938	0.00	79,212,938	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	79,212,938	0.00	79,212,938	0.00
Other Funds	0	0.00	0	0.00	0	0.00	0	0.00	8,801,437	0.00	8,801,437	0.00

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	8,801,437	0.00	8,801,437	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$88,014,375	0.00	\$88,014,375	0.00
The funding for this NDI would provide a value-based payment equivalent up to the average commercial rate (ACR) to state and non-state government hospitals based on health outcome measures. The state share would be sourced by local match intergovernmental transfers (IGT).												
Total - Adult Expansion Group (Aeg)	\$3,560,763,921	0.00	\$3,231,764,475	0.00	\$4,180,552,729	0.00	\$4,990,063,814	0.00	\$4,796,669,243	0.00	\$4,730,265,766	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.845 – MO HealthNet Division – Adult Expansion Group – MO MAPS

Book 7, Page 1631

Description: This funding is for the Missouri Medicaid Access to Physician Services (MO MAPS) Program to provide supplemental payments to the State’s essential Medicaid providers - the University of Missouri Health System (MU Health), University Health (Truman Medical Center), and University Health Physicians (Truman Medical Center). The MO MAPS Program is a payment arrangement intended to supplement, not supplant, the base managed care rates negotiated between health plans and providers. The MO MAPS Program will operate as a pool, in which a set dollar amount is established before the start of the fiscal year that MO HealthNet will distribute to the health plans. Health plans use the pool to increase reimbursement to providers based on utilization, and the reimbursement is distributed according to predetermined criteria memorialized in agreements between them and the providers.

Legal Base: HB 3011 from the 101st General Assembly; Federal Regulation: 42 CFR 438.6(c)

Funding Sources: Title XIX-Adult Expansion Federal Fund (1358) and Department of Social Services Intergovernmental Transfer Fund (1139)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

No core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.845												
AEG - MO Maps - 830372B												
Core												
Federal Funds	43,697,736	0.00	43,697,736	0.00	43,697,736	0.00	43,697,736	0.00	43,697,736	0.00	43,697,736	0.00
Program-Specific	43,697,736	0.00	43,697,736	0.00	43,697,736	0.00	43,697,736	0.00	43,697,736	0.00	43,697,736	0.00
Other Funds	4,855,304	0.00	4,855,304	0.00	4,855,304	0.00	4,855,304	0.00	4,855,304	0.00	4,855,304	0.00
Program-Specific	4,855,304	0.00	4,855,304	0.00	4,855,304	0.00	4,855,304	0.00	4,855,304	0.00	4,855,304	0.00
Total	\$48,553,040	0.00	\$48,553,040	0.00	\$48,553,040	0.00	\$48,553,040	0.00	\$48,553,040	0.00	\$48,553,040	0.00
Total - AEG - MO Maps	\$48,553,040	0.00	\$48,553,040	0.00	\$48,553,040	0.00	\$48,553,040	0.00	\$48,553,040	0.00	\$48,553,040	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.845 – MO HealthNet Division – Adult Expansion Group – DMH IGT

Book 7, Page 1637

Description: This program provides payments for Community Psychiatric Rehabilitation (CPR), Comprehensive Substance Treatment and Rehabilitation (CSTAR), behavioral health Targeted Case Management (TCM), and Certified Community Behavioral Health Organizations (CCBHO) or MO HealthNet participants and the uninsured. The Department of Mental Health (DMH) utilizes an intergovernmental transfer (IGT) reimbursement methodology, where DMH serves as a provider of Medicaid services to the Department of Social Services for CSTAR, CPR, TCM, and CCBHO services. The state match is provided using an IGT. *(Non-count)*

Legal Base: Federal Regulation: 42 CFR 433.51

Funding Sources: Title XIX-Adult Expansion Federal Fund (1358) and Department of Social Services Intergovernmental Transfer Fund (1139)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

No core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.845												
AEG - Dmh Igt - 830373B												
Core												
Federal Funds	250,145,439	0.00	220,819,073	0.00	286,209,702	0.00	286,209,702	0.00	286,209,702	0.00	286,209,702	0.00
Program-Specific	250,145,439	0.00	220,819,073	0.00	286,209,702	0.00	286,209,702	0.00	286,209,702	0.00	286,209,702	0.00
Other Funds	28,238,382	0.00	24,535,453	0.00	31,801,078	0.00	31,801,078	0.00	31,801,078	0.00	31,801,078	0.00
Program-Specific	28,238,382	0.00	24,535,453	0.00	31,801,078	0.00	31,801,078	0.00	31,801,078	0.00	31,801,078	0.00
Total	\$278,383,821	0.00	\$245,354,525	0.00	\$318,010,780	0.00	\$318,010,780	0.00	\$318,010,780	0.00	\$318,010,780	0.00
IGT DMH AEG CTC - NOP.83B.031												
Federal Funds	0	0.00	0	0.00	0	0.00	61,311,073	0.00	75,829,608	0.00	75,829,608	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	61,311,073	0.00	75,829,608	0.00	75,829,608	0.00
Other Funds	0	0.00	0	0.00	0	0.00	6,812,341	0.00	8,425,512	0.00	8,425,512	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	6,812,341	0.00	8,425,512	0.00	8,425,512	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$68,123,414	0.00	\$84,255,120	0.00	\$84,255,120	0.00
This program provides payments for Community Psychiatric Rehabilitation (CPR), Comprehensive Substance Treatment and Rehabilitation (CSTAR), behavioral health Targeted Case Management (TCM) and Certified Community Behavioral Health Organizations (CCBHO). The Department of Mental Health (DMH) utilizes an intergovernmental transfer (IGT) reimbursement methodology, where DMH serves as a provider of Medicaid services to the Department of Social Services for CSTAR, CPR, TCM and CCBHC services. The state match is provided using an IGT.												
Federal Medicaid regulation (42 CFR 433.51) allows state and local governmental units (including public providers) to transfer to the Medicaid agency the non-federal share of Medicaid payments. The amounts transferred are used as the state match to earn federal Medicaid funds. These transfers are called intergovernmental transfers (IGTs). This funding maximizes eligible costs for federal Medicaid funds, utilizing current state and local funding sources as match for services.												
Funds are requested for estimated costs in the FY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary for the DMH programs for Fiscal Year 2027. This additional funding will be needed in the AEG section (HB Section 11.845) and the IGT DMH section (HB Section 11.855). All of these funds are non-counts.												
Total - AEG - Dmh Igt	\$278,383,821	0.00	\$245,354,525	0.00	\$318,010,780	0.00	\$386,134,194	0.00	\$402,265,900	0.00	\$402,265,900	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.845 – MO HealthNet Division – AEG – Public Ground Emergency Medical Transportation Services

Book 7, Page 1642

Description: This funding is for payments to providers of public ground emergency medical transportation (GEMT) when providing services to people paid for under the Adult Expansion Group (AEG).

Legal Base: State Statute: Sections 208.1030 and 208.1032, RSMo.

Funding Sources: Title XIX-Adult Expansion Federal Fund (1358) and Ground Emergency Medical Transportation Fund (1422)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

No core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.845												
AEG Public Gemt - 830374B												
Core												
Federal Funds	15,918,750	0.00	0	0.00	15,918,750	0.00	15,918,750	0.00	15,918,750	0.00	15,918,750	0.00
Program-Specific	15,918,750	0.00	0	0.00	15,918,750	0.00	15,918,750	0.00	15,918,750	0.00	15,918,750	0.00
Other Funds	1,768,750	0.00	0	0.00	1,768,750	0.00	1,768,750	0.00	1,768,750	0.00	1,768,750	0.00
Program-Specific	1,768,750	0.00	0	0.00	1,768,750	0.00	1,768,750	0.00	1,768,750	0.00	1,768,750	0.00
Total	\$17,687,500	0.00	\$0	0.00	\$17,687,500	0.00	\$17,687,500	0.00	\$17,687,500	0.00	\$17,687,500	0.00
Public GEMT - NOP.83B.001												
Federal Funds	0	0.00	0	0.00	0	0.00	5,730,750	0.00	5,730,750	0.00	5,038,166	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	5,730,750	0.00	5,730,750	0.00	5,038,166	0.00
Other Funds	0	0.00	0	0.00	0	0.00	636,750	0.00	636,750	0.00	559,796	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	636,750	0.00	636,750	0.00	559,796	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$6,367,500	0.00	\$6,367,500	0.00	\$5,597,962	0.00
The Ground Emergency Medical Transportation (GEMT) Program is a voluntary program that makes supplemental payments to eligible GEMT providers who furnish qualifying emergency ambulance services to MO HealthNet Division (MHD) participants. Emergency ambulance services owned or operated by units of government serve a disproportionately high number of Medicaid recipients. This payment will offset a portion of unreimbursed costs these agencies incur in providing services to Medicaid enrollees. The payment has been designed to reimburse up to 100% of allowable statewide Medicaid costs. Payments required under this payment arrangement will only be made for Medicaid services on behalf of Medicaid beneficiaries covered under the MO HealthNet contract. Providers fund the non-federal share of GEMT uncompensated cost reimbursement using an intergovernmental transfer (IGT) payment method. MO HealthNet will then issue a separate payment to each Medicaid health plan based on the increase calculated for ambulance services provided to the health plan's enrollees. Medicaid health plans will provide a uniform dollar increase per transport for Medicaid services provided by participating emergency medical transportation providers owned or operated by a unit of government. The directed payment will be a flat payment per transport to be paid in addition to the negotiated fee schedule between the Medicaid health plans and providers. The directed payment will occur retroactively to each health plan based on actual encounters with a date of service during the previous six months. Funds are needed for the Public GEMT program to provide supplemental payments to the State's essential GEMT providers. This CMS-approved payment methodology is consistent with 42 CFR 438.6(c). GEMT Program authority is found in Section 208.1030 and 208.1032 RSMo, 13 CSR 70-6.020; and State Plan Amendment 17-009.												
Total - AEG Public Gemt	\$17,687,500	0.00	\$0	0.00	\$17,687,500	0.00	\$24,055,000	0.00	\$24,055,000	0.00	\$23,285,462	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.850 – MO HealthNet Division – Intergovernmental Transfer (IGT) Expenditure Transfer

Book 7, Page 1647

Description: This item funds a transfer from the State Treasury to the General Revenue Fund for the purpose of providing the state match for Medicaid payments. This authority provides non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available to draw down the federal matching dollars. These transfers are used for that purpose. *(Non-count)*

Legal Base: State Statute: Sections 208.151 and 208.152, RSMo.

Funding Sources: Department of Social Services Intergovernmental Transfer Fund (1139)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

Core reduction: (\$28,915,936) OTH TRF reduction of estimated lapse

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.850												
Igt Expend Transfer - 830249B												
Core												
Other Funds	137,074,165	0.00	79,242,293	0.00	137,074,165	0.00	137,074,165	0.00	137,074,165	0.00	108,158,229	0.00
Transfers	137,074,165	0.00	79,242,293	0.00	137,074,165	0.00	137,074,165	0.00	137,074,165	0.00	108,158,229	0.00
Total	\$137,074,165	0.00	\$79,242,293	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$108,158,229	0.00
Total - Igt Expend Transfer	\$137,074,165	0.00	\$79,242,293	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$108,158,229	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.855 – MO HealthNet Division – Intergovernmental Transfer (IGT) DMH Medicaid Program

Book 7, Page 1652

Description: The item funds payments for MO HealthNet participants and the uninsured through intergovernmental transfers for Community Psychiatric Rehabilitation (CPR) services, Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) services, Targeted Case Management (TCM) for behavioral health services, and Certified Community Behavioral Health Organizations (CCBHO). The Department of Mental Health (DMH) utilizes an intergovernmental transfer (IGT) reimbursement methodology, where DMH serves as a provider of Medicaid services to the Department of Social Services for CSTAR, CPR, TCM, and CCBHC services. The state match is provided using an IGT. *(Non-count)*

Legal Base: State Statute: Sections 208.152 and 208.153, RSMo. Federal Law: Social Security Act Sections 1905 (a) (1) and (2) (d) (5) (h); Federal Regulation: 42 CFR 433.51 and 440.20

Funding Sources: Title XIX-Federal Fund (1163) and Department of Social Services Intergovernmental Transfer Fund (1139)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

Core reduction: (\$77,442,262) (FED \$36,164,101 and OTH \$41,278,161 PSD) reduction of estimated lapse

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.855												
Igt Dmh Medicaid Program - 830250B												
Core												
Federal Funds	638,782,289	0.00	566,454,086	0.00	613,086,698	0.00	613,086,698	0.00	613,086,698	0.00	576,922,597	0.00
Program-Specific	638,782,289	0.00	566,454,086	0.00	613,086,698	0.00	613,086,698	0.00	613,086,698	0.00	576,922,597	0.00
Other Funds	274,857,407	0.00	192,301,085	0.00	312,731,712	0.00	312,731,712	0.00	312,731,712	0.00	271,453,551	0.00
Program-Specific	274,857,407	0.00	192,301,085	0.00	312,731,712	0.00	312,731,712	0.00	312,731,712	0.00	271,453,551	0.00
Total	\$913,639,696	0.00	\$758,755,171	0.00	\$925,818,410	0.00	\$925,818,410	0.00	\$925,818,410	0.00	\$848,376,148	0.00
IGT DMH AEG CTC - NOP.83B.031												
Federal Funds	0	0.00	0	0.00	0	0.00	60,796,155	0.00	41,684,129	0.00	33,574,407	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	60,796,155	0.00	41,684,129	0.00	33,574,407	0.00
Other Funds	0	0.00	0	0.00	0	0.00	31,379,470	0.00	16,634,350	0.00	13,000,605	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	31,379,470	0.00	16,634,350	0.00	13,000,605	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$92,175,625	0.00	\$58,318,479	0.00	\$46,575,012	0.00
This program provides payments for Community Psychiatric Rehabilitation (CPR), Comprehensive Substance Treatment and Rehabilitation (CSTAR), behavioral health Targeted Case Management (TCM) and Certified Community Behavioral Health Organizations (CCBHO). The Department of Mental Health (DMH) utilizes an intergovernmental transfer (IGT) reimbursement methodology, where DMH serves as a provider of Medicaid services to the Department of Social Services for CSTAR, CPR, TCM and CCBHC services. The state match is provided using an IGT.												
Federal Medicaid regulation (42 CFR 433.51) allows state and local governmental units (including public providers) to transfer to the Medicaid agency the non-federal share of Medicaid payments. The amounts transferred are used as the state match to earn federal Medicaid funds. These transfers are called intergovernmental transfers (IGTs). This funding maximizes eligible costs for federal Medicaid funds, utilizing current state and local funding sources as match for services.												
Funds are requested for estimated costs in the FY 2027 budget. These amounts are based on actual MO HealthNet program expenditures through November 2025 and historical trends. It is anticipated that additional funding will be necessary for the DMH programs for Fiscal Year 2027. This additional funding will be needed in the AEG section (HB Section 11.845) and the IGT DMH section (HB Section 11.855). All of these funds are non-counts.												
Total - Igt Dmh Medicaid Program	\$913,639,696	0.00	\$758,755,171	0.00	\$925,818,410	0.00	\$1,017,994,035	0.00	\$984,136,889	0.00	\$894,951,160	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.860 – MO HealthNet Division – Women's Health Services

Book 7, Page 1657

Description: The Extended Women’s Health Services Program covers family planning-related services, pregnancy testing, sexually transmitted disease testing and treatment (including pap tests and pelvic exams), and follow-up services covered by MO HealthNet for uninsured women who are 18-55 years of age who meet income guidelines. Previously, this program was funded in the Department of Health and Senior Services (HB Section 10.780). This New Decision Item is to request that this program be funded by the Department of Social Services, MO HealthNet Division.

Legal Base: HB 11

Funding Sources: General Revenue (1101) and Department of Social Services Federal Fund (1610)

FY 2026 GR W/H: N/A

CORE ADJUSTMENTS:

DEPARTMENT:

New Decision Item – recommended by the Governor

GOVERNOR:

New Decision Item: \$3,079,807 (GR \$1,871,711 and FED \$1,208,096 PSD)

HOUSE:

Same as Governor – made one-time funding

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.860												
Womens Health Service - 830458B												
Extended Women Health Services - NOP.GV.079												
General Revenue	0	0.00	0	0.00	0	0.00	0	0.00	1,871,711	0.00	1,871,711	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	1,871,711	0.00	1,871,711	0.00
Federal Funds	0	0.00	0	0.00	0	0.00	0	0.00	1,208,096	0.00	1,208,096	0.00
Program-Specific	0	0.00	0	0.00	0	0.00	0	0.00	1,208,096	0.00	1,208,096	0.00
Total	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$3,079,807	0.00	\$3,079,807	0.00
For the Extended Women's Health Services program, including \$1,871,711 general revenue.The Extended Women's Health Services Program covers family planning-related services, pregnancy testing, sexually transmitted disease testing and treatment (including pap tests and pelvic exams), and follow-up services covered by MO HealthNet for uninsured women who are 18-55 years of age that meet income guidelines.												
Previously, this program was funded in the Department of Health and Senior Services Appropriation Bill (AB 10.780). This New Decision Item is to request that this program be funded by the Department of Social Services, MO HealthNet Division.												
Total - Womens Health Service	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$3,079,807	0.00	\$3,079,807	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.865 & 11.870 – MO HealthNet Division – Pharmacy Provider Tax Transfers

Book 7, Page 1660 & 1665

Description: These sections provide the mechanism to transfer funding between General Revenue and the Pharmacy Federal Reimbursement Allowance Fund for the pharmacy reimbursement program. Federal regulation requires states to establish that they have sufficient state dollars available to draw down the federal matching dollars. These transfers are used for that purpose. *(Non-count)*

Legal Base: HB 11

Funding Sources: General Revenue (1101) and Pharmacy Federal Reimbursement Allowance Fund (1144)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

Core reduction: (\$19,081,484) OTH TRF reduction of estimated lapse in HB Section 11.870 (Pharmacy FRA Fund portion of the transfer)

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.865												
Gr Pharmacy Fra Transfer - 830252B												
Core												
General Revenue	38,737,111	0.00	574,143	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
Transfers	38,737,111	0.00	574,143	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
Total	\$38,737,111	0.00	\$574,143	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00
Total - Gr Pharmacy Fra Transfer	\$38,737,111	0.00	\$574,143	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.870												
Pharmacy Fra Transfer - 830253B												
Core												
Other Funds	38,737,111	0.00	574,143	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	19,655,627	0.00
Transfers	38,737,111	0.00	574,143	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	19,655,627	0.00
Total	\$38,737,111	0.00	\$574,143	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$19,655,627	0.00
Total - Pharmacy Fra Transfer	\$38,737,111	0.00	\$574,143	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$19,655,627	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.875 & 11.880 – MO HealthNet Division – Ambulance Service Reimbursement Allowance Transfer

Book 7, Page 1670 & 1675

Description: These transfer sections allow funding to be transferred between General Revenue and the Ambulance Service Reimbursement Allowance Fund. Federal regulation requires states to establish that they have sufficient state dollars available to draw down the federal matching dollars. These transfers are used for that purpose. *(Non-count)*

Legal Base: HB 11

Funding Sources: General Revenue (1101) and Ambulance Service Reimbursement Allowance Fund (1958)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

No core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.875												
Ambulance Srv Reim Allow Trf - 830254B												
Core												
General Revenue	20,837,332	0.00	4,742,124	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
Transfers	20,837,332	0.00	4,742,124	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
Total	\$20,837,332	0.00	\$4,742,124	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00
Total - Ambulance Srv Reim Allow Trf	\$20,837,332	0.00	\$4,742,124	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.880												
Gr Ambulance Srv Reim All Trf - 830256B												
Core												
Other Funds	20,837,332	0.00	4,742,124	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
Transfers	20,837,332	0.00	4,742,124	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
Total	\$20,837,332	0.00	\$4,742,124	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00
Total - Gr Ambulance Srv Reim All Trf	\$20,837,332	0.00	\$4,742,124	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.885 & 11.890 – MO HealthNet Division – Federal Reimbursement Allowance Transfer

Book 7, Page 1680 & 1685

Description: These transfer sections allow funding to be transferred between General Revenue and the Federal Reimbursement Allowance Fund. Federal regulation requires states to establish that they have sufficient state dollars available to draw down the federal matching dollars. These transfers are used for that purpose. *(Non-count)*

Legal Base: HB 11

Funding Sources: General Revenue (1101) and Federal Reimbursement Allowance Fund (1142)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

Core reduction: (\$93,076,629) OTH TRF reduction of estimated lapse in HB Section 11.890 (FRA Fund portion of the transfer)

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.885												
Gr Fra-Transfer - 830257B												
Core												
General Revenue	718,701,378	0.00	532,548,121	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00
Transfers	718,701,378	0.00	532,548,121	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00
Total	\$718,701,378	0.00	\$532,548,121	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$718,701,378	0.00
Total - Gr Fra-Transfer	\$718,701,378	0.00	\$532,548,121	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$718,701,378	0.00

*Does not include Supplementals.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.890												
Fed Reimburse Allow-Transfer - 830258B												
Core												
Other Funds	718,701,378	0.00	532,548,121	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00	625,624,749	0.00
Transfers	718,701,378	0.00	532,548,121	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00	625,624,749	0.00
Total	\$718,701,378	0.00	\$532,548,121	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$625,624,749	0.00
Total - Fed Reimburse Allow-Transfer	\$718,701,378	0.00	\$532,548,121	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$625,624,749	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.887 – MO HealthNet Division – FMAP Enhancement Fund Transfer

N/A

Description: This section transfers money from the FMAP Enhancement Fund to the Budget Stabilization Fund and/or the General Revenue Fund. *(Non-count)*

Legal Base: HB 11

Funding Sources: Federal Medical Assistance Percentage (FMAP) Enhancement Fund (1181)

FY 2026 GR W/H: N/A

CORE ADJUSTMENTS:

Appropriation authority is no longer needed.

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.887												
Enchanced Fmap Transfer - 830262B												
Core												
Federal Funds	50,714,412	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Transfers	50,714,412	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total	\$50,714,412	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
Total - Enchanced Fmap Transfer	\$50,714,412	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.895 & 11.900 – MO HealthNet Division – Nursing Facility Federal Reimbursement Allowance (NFFRA) Transfer

Book 7, Page 1690 & 1695

Description: These transfer sections allow funding to be transferred between General Revenue and the Nursing Facility Reimbursement Allowance Fund (NFFRA). Federal regulation requires states to establish that they have sufficient state dollars available to draw down the federal matching dollars. These transfers are used for that purpose. *(Non-count)*

Legal Base: HB 11

Funding Sources: General Revenue (1101) and Nursing Facility Federal Reimbursement Allowance Fund (1196)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

Core reduction: (\$23,159,349) OTH TRF reduction of estimated lapse in HB Section 11.900 (Nursing Facility FRA Fund portion of the transfer)

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.895												
Gr Nffra-Transfer - 830259B												
Core												
General Revenue	210,950,510	0.00	164,631,812	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
Transfers	210,950,510	0.00	164,631,812	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
Total	\$210,950,510	0.00	\$164,631,812	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00
Total - Gr Nffra-Transfer	\$210,950,510	0.00	\$164,631,812	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00

*Does not include Supplementals.

Dept Of Social Services												
	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.900												
Nursing Facility Reim-Transfer - 830260B												
Core												
Other Funds	210,950,510	0.00	164,631,812	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	187,791,161	0.00
Transfers	210,950,510	0.00	164,631,812	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	187,791,161	0.00
Total	\$210,950,510	0.00	\$164,631,812	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$187,791,161	0.00
Total - Nursing Facility Reim-Transfer	210,950,510	0.00	164,631,812	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	187,791,161	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.905 – MO HealthNet Division – NFFRA Transfer to Quality-of-Care Fund

Book 7, Page 1700

Description: This section transfers money from the Nursing Facility Reimbursement Allowance Fund (NFFRA) to the Nursing Facility Quality of Care Fund to be used by DHSS for additional inspections and surveys, and providing training and technical assistance to facilities. *(Non-count)*

Legal Base: State Statute: Section 198.418.1, RSMo.; Provisions of Chapter 198

Funding Sources: Nursing Facility Federal Reimbursement Allowance Fund (1196)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

No core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.905												
Nursing Facility Qlty-Transfer - 830261B												
Core												
Other Funds	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
Transfers	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
Total	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00
Total - Nursing Facility Qlty-Transfer	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00

*Does not include Supplementals.

DEPARTMENT OF SOCIAL SERVICES

Section 11.910 – Department of Social Services – Legal Expense Fund

Book 7, page 1705

Description: This section provides for the transfer of General Funds to the Legal Expense Fund for the payment of claims, premiums, and expenses as provided by Section 105.711 through 105.726, RSMo. In order to fund such expenses, the General Assembly also authorized three percent flexibility from various house bill sections in the department's operating budget into the \$1 transfer appropriation.

Legal Base: State Statute: Section 105.711-105.726, RSMo.

Funding Sources: General Revenue (1101)

FY 2026 GR W/H: \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

No core changes

SENATE:

CONFERENCE:

Dept Of Social Services

	FY25 Budget Amount	FY25 Budget FTE	FY25 Actual Amount	FY25 Actual FTE	FY26 Budget Amount*	FY26 Budget FTE*	FY27 Department Request	FY27 Department Request FTE	FY27 Governor Recommended as Amended	FY27 Governor Recommended as Amended FTE	FY27 House Recommended	FY27 House Recommended FTE
Section 11.910												
Dss Legal Expense Fund Trf - 830265B												
Core												
General Revenue	1	0.00	0	0.00	1	0.00	1	0.00	1	0.00	1	0.00
Transfers	1	0.00	0	0.00	1	0.00	1	0.00	1	0.00	1	0.00
Total	\$1	0.00	\$0	0.00	\$1	0.00	\$1	0.00	\$1	0.00	\$1	0.00
Total - Dss Legal Expense Fund Trf	\$1	0.00	\$0	0.00	\$1	0.00	\$1	0.00	\$1	0.00	\$1	0.00

*Does not include Supplementals.